

# LIVING, WELLBEING, & TIME

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Tiivistelmä – Referat – Abstract <p>Assuming that living is not always categorically good or categorically bad for the life's subject, 'wellbeing' must be a value that is measured on a non-ratio scale. This entails that there is no significant zero point on the wellbeing level scale. The arbitrary zero point on a non-ratio scale does not signify a lack. Thus, the states of living and non-living are incomparable from the perspective of wellbeing-related interests, for a subject does not have any wellbeing level while not alive. A similar argument was put forward already by Epicurus and Lucretius.</p> <p>The concepts of 'a life worth living' and 'a life not worth living' are flawed. Birth and death, as coming into existence and ceasing to exist, can never either harm or benefit a life's subject wellbeing-wise. This is true a priori. As wellbeing levels are non-ratio values, they do not cumulate. Hence, it makes little sense in trying to compare the wellbeing values of wholes, like complete lives, especially if they are of different duration.</p> <p>The thesis starts from a premise of 'wellbeing' relating to moments of time, this being the undisputed part of the different interpretations of the term. Only after carefully examining the concept of a 'wellbeing level' and its features, a theory is built to address the question of how to compare values of temporal wholes.</p> <p>In the process, all of the possible symmetrical and asymmetrical theories of the personal value of birth and death are laid out, and their relationship with the concept of 'wellbeing' is analyzed. The term 'biosignificantism' is introduced to refer to a theory according to which birth and death may both be either beneficial or detrimental to a subject from a wellbeing-point-of-view. The claims of biosignificantism are refuted by demonstrating why a significant zero point on a non-ratio scale cannot be defined. The type of non-cumulative wellbeing that a non-ratio scale entails is logically combined with features that pose some limitations on how wellbeing may be affected either causally or non-causally. These limitations are outlined. Finally, the broad implications of a theory that is named 'bioindifferentism' and that reduces personal value on non-ratio wellbeing are formulated.</p> <p>The relevant literature that is utilized in the research is largely divided: mostly separate fields of research have been devoted to the relationship of birth and wellbeing, and, on the other hand, the relationship of death and wellbeing. This master's thesis brings the issues together. Derek Parfit's <i>Reasons and Persons</i> (1984) and Ben Bradley's <i>Well-Being &amp; Death</i> (2009) are central references. Past research has been largely conducted in terms of moral philosophy which seems to have led to a lot of confusions. The thesis's axiological focus is intended to bring the discussion back to the atom level to lay down the groundwork for also ethics.</p>			
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## Contents

<b>Acknowledgements</b>	<b>2</b>
<b>1 Introduction</b>	<b>3</b>
<b>2 Wellbeing</b>	<b>6</b>
2.1 A Step Back from Ethics	6
2.2 Wellbeing and Personal Value	7
2.3 Mental, Physical, Internal, External, & Relational Wellbeing	12
2.4 When Is the Wellbeing?	14
<b>3 Being, Living, and Wellbeing</b>	<b>17</b>
<b>4 ‘Worth Living’ and ‘Not Worth Living’</b>	<b>21</b>
<b>5 Theories of the Personal Value of Birth and Death</b>	<b>25</b>
5.1 Symmetry	25
5.2 The Symmetrical Theories	26
5.3 The Asymmetrical Theories	28
5.4 Possible Arguments for the Asymmetry of Birth and Death	30
<b>6 Quantifying Wellbeing</b>	<b>35</b>
6.1 The Biosignificantist Framework	35
6.2 A Non-Ratio Scale for Wellbeing	40
6.3 Pro-Life View, Anti-Life View, and a Ratio Scale	41
<b>7 A Critique of Biosignificantism</b>	<b>43</b>
7.1 The Analogy of Non-Living and Unaffectedness	43
7.2 The Analogy of Unaffectedness and Balanced-Out Effects	45
7.3 The Failed Analogy of Non-Living and Balanced-Out Effects	47
<b>8 Affecting Wellbeing</b>	<b>50</b>
8.1 Affecting Wellbeing Through Wellbeing Levels	50
8.2 Affecting Wellbeing Levels Causally	54
8.3 Affecting Wellbeing Levels Non-Causally	57
<b>9 Non-Cumulative Wellbeing</b>	<b>60</b>
9.1 The Bioindifferentist Framework and Its Alternatives	60
9.2 Comparing Alternatives	61
9.3 To Be Born or Not to Be	63
9.4 To Live or to Die (at a Certain Time)	64
9.5 Life Choices	67
<b>10 The Consequences</b>	<b>71</b>
<b>References</b>	<b>75</b>
<b>Bibliography</b>	<b>77</b>

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# 1 INTRODUCTION

In this world of information technology, not many days ever go by without me hearing or reading a normative claim about the worthiness of a specific life. It helps little to turn to good old books. This gets me frustrated. I am with the Epicureans: living itself does not have a personal value, as a non-living person or other kind of being cannot be attributed with wellbeing, not even zero. So, here is my thesis to prove the latter claim – the one after the word ‘as,’ that is – and to show how this should provide plenty of reasons to withhold from statements about lives being ‘worth living’ or not. To be exact, I will only be arguing specifically about wellbeing, not personal value. In the future, I might also need to write another paper to convince everyone that wellbeing, in the sense that I am writing about, is all there is to personal value.

‘Wellbeing’ implies being. In a secular context, it is usually thought that non-existent beings cannot have a wellbeing. What does this mean and what does it entail?

Using normative concepts such as a ‘life worth living’ and a ‘life not worth living’ suggests that there is also something in between these: a life that is neutral in personal value. Such a neutral life would be no better or worse than not living. This, on the other hand, would suggest that non-living, too, is attributable with a personal value: zero. Supposedly, the personal value of non-living is the same as the value of not existing.

There is an alternative way of interpreting the claim that a non-living or a non-existent subject has no wellbeing, though: that there is no value at all, not even zero. This would mean that the value of not living for a subject is not comparable to the value of living for the subject. It would also mean that the claims about ‘lives worth living’ and ‘lives not worth living’ make little sense. This, I believe, is the correct view, and I shall argue for it in this thesis.

There are highly significant consequences for this latter view. Neither being born nor dying can ever be moving from a subjectively better state to a worse one or the other way around, so these events are indifferent from the perspective of the life's subject. What kind of statements, then, can we make on the grounds of promoting a subject's wellbeing? I will show why it is questionable to base certain life choices on wellbeing-related personal value.

In chapter 2, I shall make the theoretical distinction of wellbeing and other sort of personal value explicit, define a starting premise for valuing momentary wellbeing levels, make a distinction of a mental, a physical, an internal, an external, and a relational sense of 'wellbeing,' and formulate the problem of timing wellbeing effects related to birth and death. In chapter 3, I will clarify the terminology related to the 'being' or 'existence' of a subject and a subject being 'living.' In chapter 4, I will clarify the concepts of a moment or a life being either 'worth living' or 'not worth living' used by competing theorists. In chapter 5, I present different symmetrical and asymmetrical theories of the personal value of being born and dying, and clarify their relationship with the concept of 'wellbeing.' In chapter 6, I introduce the mathematical concepts of a 'ratio scale' and a 'non-ratio scale' to theorizing about wellbeing, and highlight their connection to the symmetrical theories presented in the previous chapter – namely, showing that wellbeing is to be measured on a non-ratio scale if the scale is supposed to include both positive and negative values. In chapter 7, I prove that a non-ratio scale cannot be used to attribute a non-living subject with a significant zero wellbeing level and, thus, how the symmetrical theory of biosignificantism that gives a personal value to both birth and death fails. In chapter 8, I present some time-related constraints on affecting wellbeing. In chapter 9, I take the better candidate for a symmetrical theory that uses a non-ratio wellbeing scale, named 'bioindifferentism,' and show how to apply it to different cases of valuing alternatives from an egoistic wellbeing perspective. In chapter 10, I reflect on the consequences of the arguments put forward and their significance.

I will be using the word 'they' by standard to refer to all people and subjects in this thesis. I have not made the effort to find out the genders of actual people

referred to, as I intend to treat arguments in the same way independent of the genders of the people presenting them, nor do I think I need to bother stipulating genders to fictional people. I wish not to offend anyone and hope that everyone understands. I recognize that inequality is real and do not limit my political activity to this kind of omissive solutions.

## 2 WELLBEING

### 2.1 A Step Back from Ethics

The theoretical background of this thesis is largely on the discussion and the problems concerning the so-called person-affecting view. The so-called person-affecting view is an ethical view according to which what is wrong must also be bad for someone. Another way to put this is that what is wrong must affect at least some person negatively. (Parfit 1984, 363; Roberts & Wasserman 2009b, xiv–xv.) A quite separate discussion that I started from was philosophical literature on the supposed harm of death. Even though these discussions have a lot to do with each other, the questions of birth and death have been discussed together surprisingly seldom. It was already Lucretius (1965, 110) that noted the connection. John Broome (2004) is a contemporary example of one who really respects the entanglements of these issues.

As it seems to me, the discussion has largely begun in quite a backwards manner. Questions of interpersonal ethics have been brought forward before an understanding of the good of even one individual has been cleared out sufficiently, and, for example, moral intuitions about the value of causing death have been taken as given before the question of what constitutes the value of life has been settled. This way, the discussion has become quite messy.

I believe that before going into interpersonal ethics, and ethics in general, it would be wise to focus on the good of the individual. Wellbeing is commonly thought to be a central part of this good or even the whole story about it. Thus, it should be made clear, more specifically, what exactly we mean by the ‘wellbeing’ of an individual and what kind of claims about the good of an individual can be made based on it. Furthermore, before looking into the wellbeing whole of an individual’s life, it would make sense to first try to understand what wellbeing is on a momentary level and what kind of laws it must abide. Thus, in this thesis, I



will start from the momentary wellbeing level and, then, develop my theory a little towards an understanding of a wellbeing whole of one life. I will not proceed to ethics but will provide necessary tools for this kind of research, too. The reader will be left to consider the significance of wellbeing in their moral theory by themselves.

## **2.2 Wellbeing and Personal Value**

It is, I believe, quite a standard way of talking about ‘wellbeing’ in philosophical literature to synonymize it with such things as the ‘good’ of a subject or a subject’s ‘interests’ (see, e.g., Bradley 2009, 2; Broome 2004, 3). I will also use the term ‘personal value’ to refer to this egoistic sort of value, which is not to be confused with non-egoistic or impersonal values that a subject may also consider personally important (cf. Parfit 1984, 3–4). I myself, in fact, do think that the personal ‘interests’ of a subject should be considered reducible to ‘wellbeing,’ but, the way I use the word ‘wellbeing,’ this is not a claim about semantics. This is also not a claim I will defend in this thesis but I do, of course, have to make clear what exactly I mean by the very central concept of ‘wellbeing.’

Many kinds of things have been said to be in the ‘interest’ or ‘good’ of subjects. It would probably sound quite preposterous, though, if I were to claim that it is in my interest that squares are round. The claim that it is in my interest that space is infinite also sounds quite quirky. (Cf. Parfit 1984, 172.) It, of course, might be in my interest that this kind of conviction of mine is proven right, since this could affect my reputation positively, but this is a separate matter. I find it, also, strange to claim that it is in my interest that tyrannosauruses were herbivores. I believe that it sounds even more dubious to claim that it would, in itself, affect my wellbeing positively if this was true – and not just through some long causal chain. Again, for example, finding out that this is true might, of course, affect my wellbeing.

Proving that the aforementioned things cannot be in my ‘interest’ or ‘good for’ me seems to be a more difficult task, as the semantics of the terms seem to be

less agreed upon. It does not really sound like stretching our language to claim, for example, that it is in the ‘interest’ of someone that certain events take place after they have ceased to exist, although, personally, I do think this is mistaken. I do believe, on the other hand, that claiming that posthumous events affect my ‘wellbeing’ is stretching language. So, I do think there is a semantic difference.

We all seem to agree that ‘wellbeing’ has at least something to do with the moments of a subject’s personal history. By saying that I am very happy at this moment or that my finger is sore at that moment, I am saying something about my wellbeing. It is stretching the language related to ‘wellbeing’ to say that there is something similar between this momentary feeling and the supposed ‘interest’ in something that does not seem to have anything to do with me, really, and it is a difficult task to pull through with such a definition of ‘wellbeing.’ It seems to me that Broome (2004) has a similar idea of ‘wellbeing’ in mind as I do.

In this thesis, I will put forward arguments about the ‘wellbeing’ of subjects and the borders of the concept of ‘wellbeing.’ I will not try to prove that wellbeing is all there is to personal interests. Rather, I will show how far one can get with just the concept of ‘wellbeing.’

In addition to being connected with moments of a subject’s history, the everyday concept of ‘wellbeing’ seems to be closely connected to life contents. The contents have something to do with the life’s subject. If something small-scale is happening right now on another planet thousands of light-years away, it, presumably, is not any part of my life in the present – given the humanity’s present stage of technological development where I do not, in fact, interact with the distant planets. (Cf. Bradley 2009, 7.) One could also claim that if something happens a thousand years from now at this exact location on Earth where I am currently writing this, it does also not affect my life in any way – again, given the present stage of technology and assuming that forward-directed causality cannot be overridden.

What does it mean for something to “have something to do with the subject”? A layperson’s intuition would perhaps tell us that to have something to do with the subject is to be, at the very minimum, related to the moments that the subject’s history consists of. It seems fairly intuitive to claim that to affect a subject’s wellbeing an event or an experience needs to affect at least one moment’s wellbeing level during the subject’s existence. (I will get back to this in chapter 8.) A ‘wellbeing level’ is a value that can be attributed to a moment of a subject’s history. Laypeople and academic philosophers, I believe, can agree that wellbeing is somehow related to time. Wellbeing cannot exist completely independently of time; that there is a period of a subject’s wellbeing that has a duration is, supposedly, a precondition of the subject being attributable with any kind of wellbeing. One might, surely, well claim that wellbeing is somehow tied also in space – that, like we saw, a spatially distant event cannot affect a subject’s wellbeing – but this claim I will not address in this paper.

As said, some may hold that what is ‘good for,’ ‘bad for,’ and ‘neutral’ or ‘indifferent’ to the subject personally, or what is in their ‘interest’ is not just a matter of the person’s momentary wellbeing. Personal value can be claimed to have something to do, for example, with the fulfillment of the life’s subject’s desires or their reputation, *per se*, independently of how these affect their life and momentary wellbeing levels. I will not argue against these views in this paper, but I do need to keep them separate of the concept of ‘wellbeing’ that is my focus.

My starting point is the observation that, at least sometimes, we seem quite confident to rank momentary wellbeing levels. “Are you feeling better?” we may ask a human friend who will then provide us with an answer. This answer seems to involve a comparison between a wellbeing level that was prevalent before and a wellbeing level that prevails now. Generally, we feel no need to question our friend’s answer if they seem sure about themselves and have a somewhat reliable memory. We consider them the expert of their own wellbeing levels – or at least the more current ones. Looking far back in time, they might, of course, remember things incorrectly. We may even correct their perceptions. When someone is crying over something lost, we may remind them that they did not

really seem content with the object of current longing before losing it. Here, too, we seem quite confident to make some judgments about wellbeing levels. We, also, do not necessarily need verbal input from the subject of the wellbeing we are assessing. It seems very clear to us that, for example, a dog was more content right before a human stomped on their tail.

So, in order for wellbeing to have any practical significance, it also needs to be at least roughly measurable. At least sometimes, we need to be able to determine that a certain momentary wellbeing level is higher or lower than another one.

A central axiological starting premise of mine is the following:

SP: It is better at time *t* for subject *S* that *s*'s wellbeing level be higher rather than lower at *t*, other things being equal.

The specification “at *t*” is relevant because I want to leave open the intuitively plausible possibility that sometimes it is overall better for a subject to have a lower wellbeing level at a certain time if it will indirectly benefit their wellbeing more in the long term. For example, in the long run, it might be good to visit the dentist, even though the experience itself would be uncomfortable. Even in this case, it is true that it would be better for the subject at that specific time to have a higher wellbeing level then but not necessarily overall.

I have been referring to the wellbeing of a ‘subject.’ As I stipulate it, a ‘subject’ is, simply, the being whose wellbeing is in question. It is, of course, presumed that this ‘subject’ is one that can sensibly be attributed with wellbeing. It is not in the field of this thesis to address the question of what kind of beings can be justifiably argued to be included in this class. Personally, I am convinced that a great deal of animal species other than humans fit this class as well as full-grown humans.

In order for us to be able to compare different circumstances from the perspective of a specific subject’s good, we, of course, need to have a concept of personal identity that is loose enough for the same subject to be able to exist in

these different circumstances (cf. Broome 2004, 15). I will not go deeper into the question of what defines the identity of a subject here, but I will remark that it is possible that the most plausible account of identity does perfectly comply with our everyday way of thinking (see, e.g., Heyd 2009, 17–21). I will write as if personal identity is an either–or matter and not a gradual attribute, mostly to keep this thesis in reasonable length. Derek Parfit (1984, 199–347) and Ben Bradley (2009, 113–154) discuss problems related to the relationship of personal identity and interests extensively, and the book *Harming Future Persons: Ethics, Genetics and the Nonidentity Problem* edited by Melinda A. Roberts and David T. Wasserman (2009a) consists of articles that deal with the relationship of identity to ethical questions involving birth.

I will refer to the physical events, mental contents, or whatever might affect the wellbeing of a subject, crudely, as ‘objects.’ This is only to separate them from the ‘subject’ of wellbeing.

SP is meant to serve as an area of agreement. I presuppose that the reader will consider it at least one dimension of the concept of ‘wellbeing.’ I do not know of anyone who believes that there is such a thing as personal value but that momentary wellbeing levels have nothing to do with it. This is, also, the only area of agreement I know of. Thus, my use of terminology will reflect this view of personal value. The aim of this thesis is to see what follows from adopting SP. In chapter 8, I shall address the question whether it makes sense to speak of wellbeing also separately from the wellbeing levels of individual moments.

Where does wellbeing reside? What kind of objects affect a subject’s wellbeing? It is relatively common to think that ‘wellbeing’ is essentially a mental concept. Alternatively, it is also possible to think that wellbeing can be defined completely without reference to the subject’s mind. (Cf. Heyd 1992, 84–87.) Some hold that the truth is something between these. All of these views I will address briefly in subchapter 2.3. In principle, it might be possible to combine these views, but since I know of no-one willing to do this, I will not discuss such a view.

Aside the mental–physical distinction I will present a separate distinction of the internal and external definitions of wellbeing. Between these there is also wellbeing that is relational between the internal and the external. In subchapter 2.3, I will also show the connection of mental and physical wellbeing to the concepts of internal and external wellbeing. The internal–external distinction will prove to be crucial to this thesis. It will become apparent as I proceed that certain formal assumptions on wellbeing are tied to certain more substantial views on the nature of wellbeing.

### **2.3 Mental, Physical, Internal, External, & Relational Wellbeing**

According to a mental view about wellbeing, wellbeing resides inside the mind of the subject. The subject is the only one who has first-hand knowledge of it, and it cannot be directly observed by others. To determine something about a certain subject's wellbeing one also needs to look nowhere else than the subject's mind. The convenience of this view is its clear-cuttedness. A practical inconvenience is the inaccessibleness of the best knowledge of other subjects' wellbeing. There might be physically observable indicators of a subject's mental states, though. At least in the current state of scientific development, the indicators never seem to be perfectly reliable but, even if they were, they are mere indicators and not the wellbeing itself, according to the mental view.

If there is sense in talking about a 'mind' in the first place, people tend to agree that nothing happens in a non-living, passive mind. (How to know for sure when a mind is not active, though, might be a difficult question to answer.) This conviction is central to this thesis for we intend to deduct things about non-living subjects *a priori*.

The concept of mental wellbeing always refers to an internal definition of wellbeing. This means that wellbeing itself resides somehow inside the subject and not separate from them.

One may, on the other hand, hold that wellbeing of a subject can be, at least in principle, defined completely from an outside perspective – by methods of

neurological research or through human senses, for example. It might be that a subject themselves has valid knowledge about their own wellbeing but, in this view, it is not the mental states themselves that make up the wellbeing. If the subject has false beliefs about their wellbeing or lies about it, they can, in principle, even be sensibly disputed.

It is possible, though very unpopular, to hold that a subject's wellbeing can be defined without referring to the subject at all. It is not illogical in itself to claim that my wellbeing is determined by, for example, the number of birds the world contains. One does not need to observe me to count the birds. The hard thing, of course, is to explain what the number of birds has to do with my wellbeing in particular. I believe it is, thus, commonly agreed that what affects my wellbeing has to be in some relation to my mind or my physical body. I will shed more light on what this relation has to be like as I proceed.

A non-existent body cannot be observed or physically affected. A non-living but existent body can, on the other hand, be observed and affected, but it is not actively responsive to the effects directed towards it. In what follows, I shall assume that this is known to us. It affects the way we think about the question of the wellbeing of a non-living subject.

Physical wellbeing can, in principle, be internal or external to the subject or something in between. Determining a specific state of physical wellbeing internally would happen by observing the subject and only the subject from an outside perspective. This might happen, for example, through the use of special medical equipment or, alternatively, through senses. The view that wellbeing is an internal physical property holds that this is possible at least in principle. On the other hand, the view that wellbeing is a physical property that is at least partially external claims that it is not sufficient to observe the subject to determine their wellbeing level but that also or only external factors need to be observed. The example about the number of birds defining my wellbeing level is an example – albeit an unattractive one – of a view where the subject's wellbeing is determined completely through external physical objects. It is,

surely, a lot more common and plausible to hold that wellbeing is relational rather than completely external to the subject.

Also, “correspondence theories of welfare,” as Bradley (2009, 17) calls them, regard wellbeing as a relation between states of the subject and the outer world. For example, desire satisfactionism holds that it is good for a subject to have their desires satisfied and bad not to (Bradley 2009, 11–12, 14–15; Parfit 1984, 4). Here, to determine a subject’s specific wellbeing level, one might have to observe both the desire state in the mind of the subject and, for example, the outer physical world. It depends on how such theories are formulated, though, whether we should actually consider them relevant when talking about wellbeing, in specific – given the conviction that wellbeing is tied to moments of the life’s subject’s history.

## **2.4 When Is the Wellbeing?**

Talking about ‘wellbeing’ in the context of life is quite routine. The concept can be ambiguous, though. It may be applied to an individual moment or a whole consisting of several moments – often the wellbeing of a whole life, even. Our starting point, SP (see subchapter 2.2), refers to the momentary sense of ‘wellbeing.’

Problems arise when the concept of ‘wellbeing’ is related to questions about the boundaries of life, not being born, and death. The ‘existence’ of a subject must be conceptually separated from the ‘life’ of the subject (see chapter 3). For the purposes of this thesis, I will refer to the period of the ‘existence’ of a subject as the time when the subject has a wellbeing of some level – that is, as the time when the being really is an actual subject of wellbeing. In principle, this may or may not equal the time when the subject’s body is alive or their mind active.

In this thesis, I do not consider it relevant to discuss demarcation questions of when exactly is a being alive or whether it might be a gradual attribute (see Feldman 1992, 11–55; Luper 2009, 11–59). For the sake of convenience, let us



assume that the example cases we consider here are sufficiently unambiguous and fit a binary framework.

There are three difficult questions to answer when talking about the wellbeing of a non-living subject: is there a subject of wellbeing, where the wellbeing is, and when the wellbeing is. The last of these questions is the focus of this thesis, although the questions do overlap. When one wants to claim that it is of neutral value for a subject not to live, one implies that the subject has a neutral wellbeing level, that we may signify with '0,' when they are not alive. For example, Bradley embraces this view in their book *Well-Being & Death* (2009). Using the terminology of this thesis, the subject of wellbeing is claimed to 'exist' when not alive. My aim in this thesis is to raise doubts towards this view.

A lot of theorists have tried to wiggle out of saying that a non-living subject has a 'wellbeing' or a 'wellbeing level' while still maintaining that it is of neutral value for a subject not to live (see, e.g., Parfit 1984, 487–491; Harman 2009, 139; Benatar 2006, 4–5, 20–22). I am not interested in the semantics here. Mathematically, they still claim that we should assign a value of 0 to non-living, no matter what we call it. For practical purposes, using terminology like 'zero wellbeing level' here makes good sense.

Epicurus (1940, 30–31) announced that we should not care about dying since death has nothing to do with us. Lucretius (1965, 110) added that the time before birth is similar. Lucretius's claim does seem intuitively plausible, indeed. Nevertheless, several philosophers like Parfit (1984) and David Benatar (2006) have considered the questions of birth and death asymmetrical. (More on these asymmetrical views in subchapters 5.3 and 5.4.) A somewhat widely held consensus among the philosophers writing in English seems to be that, even though it could be good or bad for a being to die, it cannot be in the benefit of a being to be born.

Before chapter 8, we need not settle the matter whether the directedness of time presents us with genuine concerns about the asymmetrical value of birth and death. Making a similar assumption to that of Lucretius (1965, 110) – that it is

similar to a subject to not yet have been born to having died – we are able to start by investigating the state of non-living without specifying where it is temporally located in relation to a subject's life. In chapter 9, I will revisit the issue of what follows from my conclusions about momentary wellbeing to these questions of the differences of birth and death.

### **3 BEING, LIVING, AND WELLBEING**

It is often that people talk about ‘being’ and the ‘existence’ of people and other animals when they are, to be exact, talking about their state of being alive. There is a controversy, stemming from a dualistic framework, to the question where and what exactly is the person or living being. We sometimes talk about the body “of someone” but sometimes we speak as if the ‘body’ equals the person or being. If we think that the person or being equals their mind, consciousness, or something of that nature, it makes sense to say that a person or being does not exist after dying even though their earthly remains are still intact. On the other hand, it also equally makes sense to say that the person or being is still existent in this state, just not active anymore, given a different definition for ‘person’ or ‘being.’

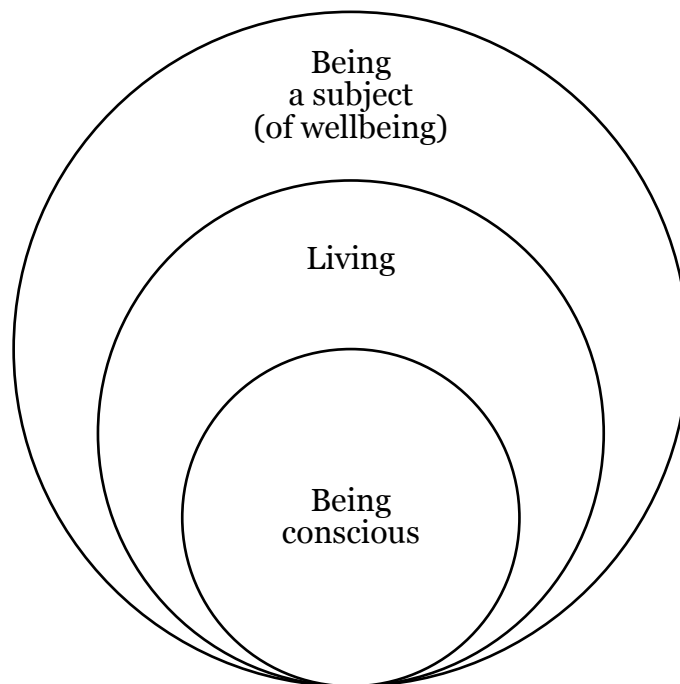
In the terminology of this thesis, ‘existence’ or ‘being’ is, thus, separated from ‘living.’ I advise the reader to pay attention to my exact use of these words in order to not get confused.

Above, I used the words ‘person’ and ‘being’ to refer to this creature we are interested in and refrained from using the word ‘subject.’ This is because I intend to keep the existence of a ‘subject’ as a different matter. In this thesis, I am specifically interested in the existence of a ‘subject’ of wellbeing. I do not need to directly address the question of how this relates to the mental–physical dichotomy. What is especially important from the perspective of my thesis is that only a subject can have a wellbeing level. As already expressed, this is a stipulation I will be using. Thus, claiming that a non-living person or being has no kind of wellbeing level, not even a zero, is to say that a non-living person is not a subject, using these terms in a way that I will be using them. Nevertheless, I will be combining expressions like ‘non-living subject’ to present-tense predicates which is not intended to imply ontological claims.

I will take it as a premise that ‘non-living’ entails a lack of experience, mental activity, and a specific kind of responsiveness to stimuli. I shall trust that the reader is sufficiently familiar with this kind of ‘responsiveness’ of living biological organisms to cope.

It is often thought that a living subject needs to have an existing body as a matter of fact, but I do not need to take a stance on this either – though, I remark that it would be somewhat unpopular to hold that, if wellbeing is intended to be defined as a non-mental concept, the living subject might have no body to be affected by external events. Some people, in any case, do hold that there may still be some sort of experience after the earthly demise of a body. Such a demised subject with no earthly body may simply be considered as ‘living’ in the terms of this paper. I will not intend to argue for a secular view here. A non-secular view might, of course, have very different practical implications. The demise of an earthly body, for example, may seem like a less big of a deal if it is followed by continued subjective experience.

*Diagram: the conceptual relationship of ‘being a subject,’ ‘living,’ and ‘being conscious’*



The essential question of this thesis is whether a non-living subject can be thought to have a wellbeing level while being non-living. Is there such a thing as

‘being a subject’ without also ‘living’? Alternatively, we may phrase the question as whether there exists a subject of wellbeing when the subject is not alive. As Roberts (2003, 171–179), Nils Holtug (2009, 77–78), and Ingmar Persson (2009, 41) discussing birth, as well as Bradley (2009, 80–81) discussing death have made clear, this is not to be confused with a question about language. We surely are able to talk sensibly about non-existent beings as I am still able, for example, to make true propositions in present tense about my long-deceased grandmother. So, we are not asking whether we can sensibly state anything in the present tense about a non-living person or other kind of sentient being but – in the spirit of Epicurus (1940, 30–31) and Lucretius (1965, 110) – whether we can attribute them with a wellbeing level (cf. Roberts 2003, 171–179; Holtug 2009, 74–79; Heyd 1992, 30, 37; Bradley 2009, 79–84). As we assumed that a non-living subject lacks experiences and mental activity, and does not respond to stimuli, we can infer that, at least, the wellbeing state of a non-living subject stays stable at all times. We can call this the ‘assumption of stable wellbeing’ of a non-living subject:

SW: If a subject has a wellbeing level while being non-living, it stays the same through the whole period of non-living.

From this thesis’s perspective, there are, thus, two relevant classes of subjects: living and non-living ones. Considering wellbeing, a non-living subject that has no kind of body is relevantly similar to a non-living subject whose lifeless earthly physical representation is somewhat intact. In the arguments that follow, we may, thus, not pay attention to whether we are talking about the ‘non-living subject’ as someone with a physical body or not.

It might be argued that it is not even sufficient for a certain being to be alive to also be a subject. The state of non-living has sometimes been compared to a state of coma (see, e.g., Luper 2009, 105–109; Bradley 2009, 108–111). In science fiction, humanity has also succeeded the task of halting the vital activities of a body for a period of time. These states do, indeed, share features with the state of non-living. Here, I see no need to debate whether we should consider them all similar in personal value. Bradley (2009, 108–111) seems to

imply that the coma analogy is evidence that we should regard the state of non-living as having a neutral personal value that is neutral. I do not find this convincing. Insofar as a coma is relevantly similar to non-living, my arguments to come will raise questions also about attributing a personal value to a state of coma. The same can also be said about a state of dreamless sleep. I find the argument that a temporarily unconscious being is not a subject at the time of the unconsciousness defensible but am not taking a stance on the matter here. Henceforth, I will set these questions of the states of coma and life preservation aside for practical reasons.

There might, of course, be some ontological confusion involved when talking about an ‘existing’ subject that has no body or mind. This is, actually, a relevant critique by itself to the view that a non-living subject has a wellbeing level (cf. Roberts 2003, 171–179; Holtug 2009, 74–79; Heyd 1992, 30, 37; Bradley 2009, 79–84). Nevertheless, as this critique does not seem sufficient to convince everyone (see, e.g., Bradley 2009, 79–92), I will leave it aside for this paper and focus on a different line of argumentation. For our purposes, we may consider ‘existence’ a convenient stipulation.

## 4 ‘WORTH LIVING’ AND ‘NOT WORTH LIVING’

In this thesis, I am offering arguments that cast a shadow of doubt on the applicability of the concepts ‘a life worth living’ and ‘a life not worth living,’ and also ‘worth living’ and ‘not worth living’ in general, given certain assumptions. This seems to be a radical revision to some, as it seems that, for example, Parfit (1984, 391–393, 487–491), Elizabeth Harman (2009, 137–138), and Tim Mulgan (2009, 117) had not even considered it. To be able to do this, we will, of course, have to examine what exactly is meant by the aforementioned concepts. In what follows in this chapter, I will see what the concepts logically entail. I will write as if I embrace the concepts – though, I actually do not, which will become apparent later.

The concepts of ‘a life worth living’ and ‘a life not worth living’ are generally used as concepts referring to the personal value of a life. This is how I will also use them. In contrast, a life might be worth existing also, for example, from the viewpoint of the community, but this is not my focus here.

As Broome (2004, 67–68) notes, calling a life ‘worth living’ may mean two different things: we may call a life ‘worth living’ as a whole or we may call a life ‘worth living’ at a certain moment. To be more precise, the latter could be referred to as ‘a moment worth living.’ Whether a life as a whole is considered worth living has, arguably, at least something to do with whether the moments it contains are worth living, keeping also SP in mind (see subchapter 2.2). In any case, it would be highly unintuitive to claim that a life containing merely moments that are not worth living is, on the whole, still worth living. What is said in this paragraph applies, conversely, also to lives and moments that are ‘not worth living.’

The question of whether a moment is worth living or not can, in principle, be neatly reduced to the question of whether the wellbeing level of the moment has

a positive value or not, though, this reduction is not logically necessary. As will become apparent in chapters 8 and 9, the connection of lifetime wellbeing to the wellbeing values of moments is more complex.

It is crucial to note that the concepts of ‘worth living’ and ‘not worth living’ presuppose that there is a personal value also for not living; they presuppose that we can compare whether it is better or worse for a subject to live or not from the viewpoint of their interests. Given our assumption SW (see chapter 3), what we can say about the personal value of any of the moments when the subject is not alive should be the same.

Two opposite approaches to the relationship of the worth of a life’s moments and the worth of a whole life should be mentioned. Perhaps the most intuitive one suggests that we can look at the worth of individual moments separately from another and then, after determining the value of all of the moments, arrive at the value of the life as a whole. On this approach, one can determine whether a moment is itself worth living, other things being equal, by looking merely at the moment’s wellbeing level, without looking at the value of other moments of the life whole.

The opposite way of looking at the relationship of the worth of a life and its moments is to assign a value to moments based on how they affect the whole. Here, one can even conceptually separate the ‘wellbeing level’ of a moment from the ‘personal value’ of the moment (cf. Bradley 2009, 20). A view I call ‘averagism,’ according to which it is in a subject’s interests to achieve the highest average wellbeing level as possible, would be an example of the latter view where a moment’s wellbeing level itself tells us nothing about whether it is good for the subject to live that moment or not. I will revisit this view in subchapter 5.4.

On the other hand, according to the so-called correspondence theories, the values of moments can be determined partly by facts about other moments that they somehow refer to or that are referred to by other moments. A correspondence-theorist–desire-satisfactionist can, for example, hold that the



wellbeing level of a moment when one desires something to happen can be affected afterwards by later events, or the other way around. (Bradley 2009, 11–18, 25–28.)

As I started with SP as a point of agreement and with the assumption that the concept of momentary wellbeing is relatively clear to us, I will continue moving from the singular towards the general. Assuming that a moment's personal other-things-being-equal value can be determined without looking at other moments' values or at the life as a whole, and embracing a theory that utilizes the concepts of 'worth living' and 'not worth living,' the value of non-living has to be, explicitly or implicitly, denoted with the number zero. Bradley (2009), Roberts (2003), and Holtug (2009, 77) do this explicitly.

Moments of a positive wellbeing value are, thus, considered 'worth living' and moments of a negative wellbeing 'not worth living.' When using such a scale, the value of non-living is highly significant. On it depends the worth of all lives and our decisions regarding them: whether we consider them worth starting and whether we consider them worth ending from the viewpoint of the subject's good. Determining the zero level is, thus, highly important. Lives are at stake. On top of this, it is a much more complex task to accomplish than seems to have been thought. I claim that it is, in fact, impossible, as also David Heyd (2009, 15) holds. This I intend to show in chapters 6 and 7.

Conceptually, for a subject, it is better to live a moment 'worth living' and not to live a moment 'not worth living,' other things being equal. From the viewpoint of promoting the subject's interests, it is, thus, favorable to enable the actualization of a moment worth living and favorable to prohibit a moment not worth living from actualizing, other things being equal. This observation itself does not provide us with sufficient information on determining when it is best for a certain subject to be born or not or when it is best to die or go on living, but it most certainly has something to do with these questions. Here, we still lack a theory that provides us an answer to how to determine the value of a life as a whole. Presumably, the theory should be consistent with the intuition that a life consisting merely of moments worth living is itself worth living and that a life

consisting merely of moment not worth living is itself not worth living. On the other hand, after I have proceeded with my argumentation, the concepts of 'worth living' and 'not worth living' will come to seem quite dubious in general, and so will, thus, the concept of a whole life being 'worth living' or not.

Using both the concepts of 'worth living' and 'not worth living' in one theory, and, thus, applying a significant zero value for 'neutral' wellbeing already tells us something that has been, quite astonishingly, completely overlooked in the literature I am acquainted with: there are, in reality, two completely different scales at work here for measuring the objects that affect wellbeing. A non-living subject is supposed to have zero of the things that make life good plus zero of the things that make life bad. There are two zeros here, not one. We cannot measure one value, wellbeing, with two scales. These scales, thus, can tell us about the wellbeing only indirectly, for we need a third scale that reveals what is the relationship of these two. But, as I expect this argument alone not to convince everyone of giving up paralleling 'neutral' life with non-living, I will leave it aside.

## **5 THEORIES OF THE PERSONAL VALUE OF BIRTH AND DEATH**

### **5.1 Symmetry**

Subject S's circumstances change. From moment  $t_1$  onwards, S is affected constantly and steadily by E. Later, after  $t_2$ , S's circumstances return to as they were before  $t_1$ . Now, it seems somewhat self-evident to assume that, if E is good for S, it was good for S that E started and bad for them that it ended, other things being equal. The opposite seems true of the contrary case: if E is bad for S, it was bad for S that E started and good for them that it ended, other things being equal. All of these intuitions I call symmetrical: it is symmetrical to think that a good thing starting is beneficial and that its ending is harmful; it is symmetrical to think that a bad thing starting is harmful and that its ending is beneficial; it is, likewise, symmetrical to think that our attitudes towards the good and the bad thing should be opposite.

Put in terms of wellbeing levels, if E is good for S, it raises S's wellbeing level, other things being equal, and, if E is bad for S, it lowers S's wellbeing level, other things being equal. I include the "other things being equal" condition because it might be the case that, as E begins, begins also F that cancels out the effect of E. Still, we may say that, even here, E is good or bad for S as it acts as a force pushing the wellbeing level to either direction – because the wellbeing would be different in a counterfactual case of no-E.

Surprisingly, this is often not how philosophers and other people look upon life. Some of them might say, for example, that it is not good for a subject to be born even though it is bad for them to die, even if the quality of life would be constant throughout the life, or that it can never be either good or bad for anyone to be born even though it can be bad or good for them to die. The statement is quite peculiar, taking SW as an assumption (see chapter 3). That is, many people have

asymmetrical views about the personal value of the beginning and the end of life.

For the sake of clarity, I must mention that what is commonly referred to as “the Asymmetry” in a lot of the literature that I have been using for my research is the view that it can be morally wrong to bring a subject into existence when their life is not going to be worth living (*de dicto*) while it cannot be obliged to bring into existence a subject whose life will be worth living (*de dicto*). For example, Jan Narveson (1967), Peter Vallentyne (2000), Lukas Meyer (2008), Jeff McMahan (2009), and Persson (2009) hold this view. As said, I myself will not be making moral arguments, so I will not be using the terminology in a similar way.

Before getting into defining and specifying symmetrical and asymmetrical theories, let us make some clarifications. For the sake of convenience, I shall only talk about cases where a life starts at a moment, continues uninterrupted for a period after that, and then ends. There is no logical reason why a life could not have breaks in between nor would such cases be a problem for the arguments made in this thesis but, as we are mostly familiar with uninterrupted lives, I will not pay attention to other possibilities. One might, alternatively, call these life periods with breaks in between them different lives of one subject, but, for practical purposes, I will not consider this possibility either. So, I shall assume a subject has only one continuous life. Furthermore, one premise should be made explicit: one life and the moments it contains can have exactly one specific subject.

## 5.2 The Symmetrical Theories

Let us examine the symmetrical theories of the personal value of birth and death first. Given SW (see chapter 3), a symmetrical theory also maintains the following propositions:

GB→BD: If it is good for S to be born to a life of wellbeing level n, it is bad for S to die rather than to go on living on wellbeing level n.

**BB→GD:** If it is bad for S to be born to a life of wellbeing level n, it is good for S to die rather than to go on living on wellbeing level n.

**GD→BB:** If it is good for S to die rather than to go on living on wellbeing level n, it is bad for S to be born to a life of wellbeing level n.

**BD→GB:** If it is bad for S to die rather than to go on living on wellbeing level n, it is good for S to be born to a life of wellbeing level n.

Of course, from the implications  $GB \rightarrow BD$  and  $BD \rightarrow GB$  follows  $GB \leftrightarrow BD$ , and from  $BB \rightarrow GD$  and  $GD \rightarrow BB$  follows  $BB \leftrightarrow GD$ .

In table 5.2, I have enlisted and named all of the four possible symmetrical theories concerning the personal value of the beginning and the end of life.

*Table 5.2*

<b>Symmetrical theories of the personal value of birth and death</b>	<b>Birth can...</b>		<b>Death can...</b>	
	<b>benefit</b>	<b>harm</b>	<b>benefit</b>	<b>harm</b>
Biosignificantism	X	X	X	X
Pro-life view	X			X
Anti-life view		X	X	
Bioindifferentism				

The table is not meant to include all the relevant information but to serve as an illustrative tool. The reader should especially keep in mind that the views presented in the table are intended to also be compatible with  $GB \leftrightarrow BD$  and  $BB \leftrightarrow GD$ , which the table does not tell, to be exact. Combined with SW (see chapter 3), all of the symmetrical theories, thus, consider all of the relevant information about the personal value of birth and death to be reducible to the wellbeing levels of the life's subject.

According to what I call 'biosignificantism,' depending on the quality of a life, it is sometimes possible for birth either to benefit or harm a subject, or, similarly, for death to be beneficial or harmful for its subject. That is, biosignificantism holds that life can be either good or bad and, correspondingly, birth and death may, accordingly, cause benefit or harm to a life's subject.

I have given the name ‘bioindifferentism’ to the opposite view of biosignificantism. According to it, living has no personal value as such and, thus, birth and death do not matter from the viewpoint of the life’s subject’s good. Bioindifferentism is logically compatible with  $GB \leftrightarrow BD$  and  $BB \leftrightarrow GD$ , as GB, BD, BB, and GD are all untrue according to it. None of the beginnings and endings of lives matter by themselves from a personal perspective, no matter what kind of quality a life and its moments have. I will go more into the details of bioindifferentism’s implications in chapter 9.

As I call it, the ‘pro-life view,’ on the other hand, always counts for only the benefits of life. According to the pro-life view, if birth makes any difference in personal value, it can only benefit the subject and, correspondingly, death can only harm them. This is not a merely contingent claim but supposed to be known *a priori*.

I call the opposite of pro-life view the ‘anti-life view.’ According to it, life can only be harmful if it is of any personal value and, thus, birth can only harm and death can only benefit a subject if they are of any kind of personal value. This is supposed to be known *a priori*.

### 5.3 The Asymmetrical Theories

Table 5.3

Asymmetrical theories of the personal value of birth and death	Birth can...		Death can...	
	benefit	harm	benefit	harm
1. Bcb&h-Dcb	X	X	X	
2. Bcb&h-Dch	X	X		X
3. Bcb&h	X	X		
4. Bcb-Dcb&h	X		X	X
5. Bcb-Dcb	X		X	
6. Bcb	X			
7. Bch-Dcb&h		X	X	X
8. Bch-Dch		X		X
9. Bch		X		
10. Dcb&h			X	X
11. Dcb			X	
12. Dch				X

Let us turn to the asymmetrical theories of the personal value of birth and death. Again, SW is taken as an assumption. All of the asymmetrical theories of the personal value of birth and death conflict with at least one of the propositions  $GB \rightarrow BD$ ,  $BB \rightarrow GD$ ,  $GD \rightarrow BB$ , and  $BD \rightarrow GB$  (see subchapter 5.2).

There are 12 possible types of asymmetrical theories. They are enlisted in table 5.3 on the previous page. In the previous subchapter, I went through the corresponding table 5.2 of the symmetrical theories, so I trust that the reader is now able to interpret table 5.3 for themselves. I have named the asymmetrical theories with mere abbreviations, as giving them proper names that would also be informative would be difficult. Also, I know of no theorists giving most of the possible theories any support, so addressing all of them individually would seem somewhat redundant.

Although the views are rarely discussed in such a straightforward matter, intuitions that are consistent with Bch-Dcb&h seem to have gained wide support. While these intuitions might conform to common intuitions in some parts of the world, my unscientific research among my personal acquaintances tells me that other kinds of views are also very prevalent. This is only to say that we should not settle for Bch-Dcb&h only on the basis of intuitions that are, quite clearly, not universal.

Bch-Dch is a uniquely pessimistic view held by, at least, Benatar (2006): according to it, all changes of life status are unfortunate, no matter what the life is like. Benatar (2006, 18–59) attempts to justify this complete asymmetry by explaining how pain is bad in an impersonal sense, unlike pleasure, but does not really provide a reason for this conviction. Broome (2004), on the other hand, seems to offer support to Dcb&h, as I interpret their book *Weighing Lives*. Broome does recognize value in being born, though, but insists that this value is not personal. The theory of averagism, briefly introduced in chapter 4, is also a Dcb&h theory. I believe that Dcb&h is also quite common among laypeople.

As I hinted in subchapter 2.1, a lot of theorists seem to proceed backwards from ethics, starting with moral intuitions and trying to find an axiology to justify

them. At times, it is hard to see clearly where their distinction of personal and impersonal value is supposed to lie. In any case, if someone, like Harman (2004; 2009), Gregory S. Kavka (1982), Rahul Kumar (2003), Meyer (2008), McMahan (2009), Mulgan (2009), Narveson (1967), and Persson (2009), supports the view of ethical asymmetry according to which birth can harm but not benefit, this can provide them motivation to try to find a theory of wellbeing that can account for this difference. Anti-life view does not seem to be supported by any of the mentioned theorists, so what are left are the asymmetrical theories of the personal value of birth and death. All of these entail also some kind of an asymmetry of birth and death.

#### **5.4 Possible Arguments for the Asymmetry of Birth and Death**

Asymmetry in theories of the personal value of birth and death is difficult to justify. As mentioned, Lucretius (1965, 110) noted that non-living is the same whether it is temporally located before birth or after death, so, supposedly, it is justified to regard it the same way. In any case, this asymmetry does require additional argumentation as the most self-evident way to think about the value of life is similar to the way of thinking about the value of any kind of event or circumstances beginning and ending, as described in subchapter 5.1. Attempts have been made.

It is important to underline a few points about symmetry to avoid misinterpretations. It is in no way illogical or implausible to claim that the quality of one life may vary on different moments. A biosignificantist, whose theory is truly symmetrical, might, thus, hold that it was good for a subject to be born, even though it is good for the same subject to die at a certain moment. This is, in itself, not an argument against symmetry, for the beginning part of a life may be, according to the biosignificantist, worth living whereas the last part could be not-worth-living. Momentary wellbeing levels can, surely, change in the middle of a life. It is even consistent with biosignificantism to hold that it would have been best for a certain subject not to be born but, nevertheless, to go on living after a certain point in time. This is when the beginning of a life is bad for the subject but it is followed by a good period; the good period does not



wholly compensate for the bad one but, as the bad period has already been suffered, it is better to add some good life to it. I stress: the ‘symmetry’ in question is about regarding the same wellbeing levels symmetrically in different contexts.

As mentioned in subchapter 2.2, I consider SP a shared premise among different views. When we also take SW as a premise (see chapter 3), supporting an asymmetrical theory makes it necessary to base the value of a life on other personal values in addition to wellbeing levels. If a subjective change from a state of non-living to a state of wellbeing level  $n$  can have a value  $v$  and a subjective change from wellbeing level  $n$  to a state of non-living can have a value  $w$  that does not equal  $-v$ , both  $v$  and  $w$  cannot be reducible to wellbeing levels. So, how could the asymmetry be justified? This question is, strictly seen, outside this thesis’s focus on wellbeing, but I feel I must shed light on the question to improve our understanding of where the boundary of wellbeing and other possible personal value lies. It does seem that this boundary has often been left unnoticed.

There are certain well-known differences in being born and dying that may be referred to when justifying an asymmetrical view about birth and death. First of all, it can be claimed to be more obvious that there exists a subject for the benefit or harm of death. The underlying idea is that benefit and harm are comparative notions. When considering whether it is good or bad for a subject  $S$  to die at moment  $t$ , we compare alternative histories where  $S$  either dies at  $t$  or goes on living after that. In either case,  $S$  exists at some time in history. On the other hand, when comparing cases where  $S$  either is born or never comes into existence, there, it is claimed, does not seem to be two alternative wellbeing wholes of  $S$  to compare, as  $S$  never exists if they are never born. Also Heyd (1992, 59–60) presents this kind of argument but argues against it. An assumption behind it is that a subject that has not been born does not have a wellbeing level, not even a zero. So, it can be claimed that there is a subject of wellbeing in both cases of death-at- $t$  and no-death-at- $t$  whereas there is a subject of wellbeing only for the case where  $S$  is born and not for the case where they are not.

A counterargument to the asymmetry argument presented above, though, is that the cases of birth and death are similar in that the state of not being born and the state of being dead both include no subject and, thus, no wellbeing level of a subject. The dispute, in fact, is about the metaphysical character of wellbeing: whether it exists only in the moments of a subject's life – and, so, is reducible to momentary wellbeing – or as a timeless entity. I will revisit this issue in chapter 8.

Another kind of line of argumentation for the difference of birth and death stems from the temporally forwards-directed nature of intentional beings. For example, desire satisfactionists may hold that frustrating desires that a living subject has can make death bad for them, whereas a subject that is left unborn will never get to have desires (see Bradley 2009, 11–12, 14–15; Parfit 1984, 4). On a side note, if one holds that frustrating desires is bad in itself, this would also make it so that posthumous events can be good or bad for the subject, in addition to death itself, as Aristotle (2009, 18) also suggests. The same can be said of achievementism according to which it is of personal value itself for one's efforts towards a certain goal to be awarded (Bradley 2009, 12–13, 15; Parfit 1984, 4).

Insofar as frustrating a subject's desires and their unfinished achievements do not affect the wellbeing of the subject, these claims are outside our focus. On the other hand, insofar as they do affect the wellbeing, the only momentary wellbeing levels they might affect are the momentary wellbeing levels that occur during the life of the subject – not after it – for the way we defined a 'non-living' subject in chapter 3 was that they cannot be affected at the time of being non-living. If the frustrated desires and the unfinished achievements do affect the wellbeing levels during a subject's lifetime, we, in fact, do not have a case of the relevant sort of asymmetry here at all. Nevertheless, such a view does raise difficult questions about causality that I will address in chapter 8.

Averagism, on the other hand, says that adding moments to a life that are below the average wellbeing level of the life as a total is bad for the subject and that

adding moments that are above the average wellbeing level is good for the subject. I, in fact, know of no averagists, but the view is worth considering as a possible and interesting theoretical position. As mentioned in the previous subchapter, averagism is a Dcb&h view: there is no average wellbeing before birth, so birth is in no relation to a subject's interests. On the other hand, death at a specific time can either benefit or harm a subject depending on whether it will deprive the subject of mostly worse-than-average or better-than-average moments.

The virtues of averagism are its consistency and its logical nature. It provides a mathematical reason for the asymmetry it holds, and we can clearly understand such a reason: one cannot, indeed, count the average of an empty set. The average of an empty set is not zero, since there is no average. The challenge of averagism, though, is trying to justify why average wellbeing should be of any concern to a subject. Subjects may very well, and quite often do, live through their lives without even thinking about their overall wellbeing average. They are often not even conscious of any “harm” of falling slightly below their wellbeing average. Even when they are, they might not think of it as meaningful. Most people would also intuitively choose a pretty good life of 80 years over an excellent life of two years, defying the averagist view. It is also very difficult to answer the question why the state of being dead should be considered equal in personal value to an average life, since the average life can be like anything but non-living – according to *SW* (see chapter 3) – remains the same.

All in all, it is a consistent view to hold that average wellbeing is significant, but I am dubious whether people will care about it. Also, I do not know why they should.

For the most part, I will now leave the asymmetrical theories aside. This is because the asymmetrical theories have to rely on other values instead of or in addition to wellbeing. What will be said about the claims that birth can benefit, birth can harm, death can benefit, and death can harm the subject are relevant also for the asymmetrical theories insofar as the ‘benefit’ and ‘harm’ are meant to be claims about wellbeing levels of the subject of life. On the other hand, in

case the 'benefit' and 'harm' are intended to be of a timeless sort, my thesis does not deal with such views. In any case, it should be noted that the terms 'harm' and 'benefit' in tables 5.2 and 5.3 can mean somewhat different things to different theorists but, to all, they mean that something is somehow 'bad' or 'good,' respectively, to the subject.

## 6 QUANTIFYING WELLBEING

### 6.1 The Biosignificantist Framework

What I call ‘biosignificantism’ is, as mentioned in subchapter 5.2, the view that birth and death can be either good or bad for the life’s subject depending entirely on the quality of the life in question and its moments. According to biosignificantism, if a life’s moment’s wellbeing level is above some threshold, the moment is better lived than not and, if the wellbeing level is below a certain threshold, the moment is better not lived, other things being equal. There is, thus, also a wellbeing level that is neutral in personal value. That is, certain sort of life is neither better nor worse than not living but equal in personal value.

Such a view is, I believe, relatively commonplace. The most disputed part of the view is probably the view that being born benefits subjects but, as said, it is more difficult to explain why it would not benefit a subject if losing a life, on the other hand, can be bad for a subject. In any case, assessing the implications of all these convictions that are joined in biosignificantism is useful to anyone holding any of them. I aim a special focus on biosignificantism – here and in chapter 7 – as it is bases personal value solely on wellbeing while still holding the view that birth and death can either benefit or harm the subject, and is, thus, an illustrative example of how far a theory can go towards arguing for these convictions merely by referring to wellbeing.

As already mentioned in chapter 4, claiming that a life can be ‘worth living’ or ‘not worth living’ in personal value implies that that the wellbeing levels of a life and non-living can be sensibly compared. For this, non-living needs to be assigned with a wellbeing level whose value equals the value of a neutral life moment.

Calling an object – an event or a mental content – ‘good for’ or ‘bad for’ someone does not, on the other hand, necessarily mean that it makes the whole of a life good or bad but that it affects the wellbeing of the life’s subject positively or negatively compared to a counterfactual case where the object has no effect on the life. In any case, in calling something ‘good,’ there is always a comparison involved, be it explicit or implicit; something is ‘good’ compared to something else. Something may be ‘good’ either compared to something that is worse – what I call ‘relative goodness’ – or compared to something that is somehow ‘neutral’ – what I call ‘absolute goodness.’ Similarly, there are also relative and absolute senses of ‘badness.’ ‘Neutral’ is always somehow standard. When using the term ‘neutral,’ a stable framework of reference is assumed. When talking about ‘relative goodness,’ the same event may be both ‘good’ and ‘bad’ depending on the counterpart referred to, but the same is not true of absolute goodness and badness. In the case of wellbeing, how could this neutral standard be determined?

It seems that what people consider ‘neutral wellbeing’ is always perceived in relation to a lack of something. As I see it, there are two alternatives:

- (1) a ‘good life’ can be seen as better than not living at all and a ‘bad life’ worse than not living at all, which is neutral in personal value, or
- (2) a ‘good life’ may contain some good elements and a ‘bad life’ some bad elements both of which a certain kind of neutral life lacks.

On interpretation (1), a ‘neutral life’ is as good as nothing – that is, as good as no life at all. On interpretation (2), ‘neutral life’ is, on the other hand, uneventful in the sense that is relevant to its subject’s interests.

There is a third case of neutral personal value, as Bradley (2009, 106) also mentions: a life that contains both good and bad elements that balance each other out. This kind of life is not uneventful, but the events balance each other out so that the end result is indifferent in personal value. Calling this kind of life ‘neutral’ makes no sense, though, unless it is assimilated with a passive sort of life in case (2). A balanced life cannot be referred to when defining ‘neutrality,’

as its neutrality can become apparent only after a comparison to an uneventful life.

The fact that certain good elements balance out some bad elements is insufficient information to determine that the result is 'neutral' in an absolute sense. To demonstrate this, let us consider a case where someone is calculating how getting a soda machine will affect their personal economy. Buying a machine will have a short-term negative effect on their economy but, nevertheless, they arrive at the conclusion that it is exactly outweighed by the savings they will make in the long term by not buying soda from the store. From this, we cannot, of course, deduct that the result of a complete income–outcome subtraction will be 0. If the person would have no source of income, they would, in fact, be losing money no matter whether they buy the machine or soda. In our case, we have not considered the person's whole income and outcome but merely the change the soda machine would make in it. The contrasted pair is 'buying a soda machine' and 'not buying a soda machine' – not 'buying a soda machine' and 'having an income–outcome balance of 0.'

Similarly, when we reflect whether to go to see an exhibition or to stay at home, we compare the alternatives of 'seeing the exhibition' and of 'staying at home,' and not the alternatives 'seeing the exhibition' and 'not living' or 'not experiencing anything.' When someone says that it was positive to go see the exhibition, they are not usually claiming that it was better than not living or not doing anything but that it was better than some alternative – which is often left implicit. This is to say that one needs to actively seek the neutral level of wellbeing first and only after that one can make the argument of assimilating the value of the supposedly balanced-out life to this.

Biosignificantism also claims the following: What makes a life 'good' is the effect of good objects. What make a life 'bad' are, conversely, the bad objects affecting it. What makes a life 'neutral' is either the lack of both good and bad effects or the appropriate balancing-out of good and bad effects. At first glance, these might seem quite reasonable claims to make.

What a biosignificantist, in fact, needs to achieve is to equal the personal value of the three states I have specified above: the state of non-living, the state of unaffectedness, and the state of balanced-out effects on wellbeing. It needs all of these to hold its position. To compare the value of non-living to living, biosignificantism needs to construct an analogy of non-living and unaffectedness. This is not enough, though, for the biosignificantist also needs to demonstrate how positive and negative objects can counterbalance each other. They counterbalance each other through an equally intensive but opposite effect on the subject's wellbeing. This state of the subject is compared to the state the subject is in when their life is uneventful in the sense of it lacking positive and negative objects. Here, the biosignificantist needs to construct an analogy of unaffectedness and balanced-out effects. These two analogies are discussed in subchapters 7.1 and 7.2.

Logically, one analogy remains: the one of non-living and balanced-out effects. In subchapter 7.3, I will argue that this analogy fails since, in the two other analogies, the biosignificantist has been comparing two different things.

A biosignificantist holds that the more good effects occur to the subject, the better, other things being equal. They also hold that the fewer bad effects occur to the subject, the better, other things being equal. These parts of the view are relatively straightforward. But, in fact, biosignificantism is not about comparing a lack to a quantity of something, unlike the pro-life view and the anti-life view (see subchapter 6.3). In order to figure out the appropriate balance of good and bad effects, biosignificantism needs to refer to a whole different scale on which it measures the effect both of these different kinds of effects have on the wellbeing levels of a subject. Bradley (2009) completely misses this point. "I lack the property of being in pain, and I lack the property of being pleased," they write happily about a state of "a well-being level of zero" without realizing that there are two values measured here and both cannot be equal to wellbeing (Bradley 2009, 106).

Bradley does also offer "a positive argument for that claim that people have well-being levels of zero at times at which they are not located." They construct



an example where there are two alternatives available for Kris: to continue living permanently on a wellbeing level that Bradley assumes to be of a value 0 or to die. (To be exact, Bradley offers coma and death as alternatives but mentions that the example can be reformulated if one finds the assumption of coma's neutral wellbeing level questionable.) Bradley supposes that it must be "rational" for Kris to be indifferent about the alternatives, and, so, concludes that the two alternative states are of equal value to the subject and should be denoted with the value zero. (Bradley 2009, 108–111.)

I have three things to say against Bradley's argument. Firstly, Bradley presupposes that we can all agree on the value zero for the alternative wellbeing level that Kris will come to have if they live. I cannot. To be more exact, as will become apparent in the following subchapter, it is a mathematical fact that the zero point on the kind of wellbeing scale that also Bradley uses is arbitrary – so the value we denote to the state of living Kris could be anything, no matter what the life is like. Even if we could conclude that the wellbeing levels of living and dead Kris are the same, we could not infer that the value is zero.

Secondly, Bradley is wrong to assume that we can infer that certain values of two alternatives equal from a subject who has a certain preference being indifferent about the alternatives. Let us assume that Kiki has a strong conviction that all curtains should be pink and, thus, always prefers to visit houses with pink curtains to visiting houses with curtains of another color. Kiki gets upset when seeing curtains that are not pink but does not care whether a house contains curtains, *per se*. So, Kiki has a conditional expectation that, if there are any curtains at all in a house, the curtains should be pink. This is also the only preference Kiki has about different houses to visit. Next, let us assume that Kiki knows the relevant information about houses 12 and 24 on a specific street. Kiki tells us that they are indifferent about which house of these two to visit. Can we infer that the colors of the curtains are either pink or not-pink in both of houses? No, because it is possible that one or both of the houses have no curtains. Some houses have no curtain color values, just like there is no wellbeing level value for the state of non-living.

Thirdly, Bradley seems to trust that any reader can imagine some state of living that strikes them immediately and obviously as somehow neutral – if not coma, then something else. This is presupposing that the reader has already searched for and found a state of living parallel in value to non-living – not proving that there exists one. I will not do the work for Bradley, as I do not believe in there being such a parallel.

Bradley (2009, 110) finally retreats a little: they admit the possibility that one cannot infer anything about wellbeing from the Kris example but hold that at least one can conclude something about “rational preferability.” Although my thesis is not about rational preferability, I am arguing that there is no wellbeing-related reason to choose any specific alternative of two given alternatives when one of the alternatives is non-living. So, we cannot assign a comparable rational-preferability value for non-living either even if we would not call Kris ‘irrational’ based on their indifference.

## **6.2 A Non-Ratio Scale for Wellbeing**

The wellbeing scale that, for example, biosignificantists wish to apply includes negative as well as positive values. From this, we have to conclude that the scale in question is an interval scale at best, one similar to Celsius scale for measuring temperature. It might even be proposed that the wellbeing scale is only an ordinal scale, merely determining the order of wellbeing levels and not their relative distance – especially if we think that measuring wellbeing can be performed only through rough subjective estimates of one’s own psychological states. In any case, such a wellbeing scale cannot be a ratio scale. This is a mathematical fact that has, as I see it, been surprisingly overlooked in a lot of philosophical discussion at least since the days of Jeremy Bentham (see Bentham 1907). Wellbeing values have been subjected to operations that can only be performed to values on a ratio scale (see, e.g., Parfit 1984). One cannot multiply or divide interval values. The temperature 30 °C is not ‘three times as hot’ as the temperature 10 °C.

Moreover, the zero point of an interval scale, or an ordinal scale for that matter, is arbitrary. Despite of this fact, the zero value has been treated as very significant, though, no-one that I know of has made an argument to justify its placement on the scale. The zero level has been supposed to draw a line between worthy and unworthy lives. This is precisely what I wish to question in this thesis.

It might be that people are reluctant to quantify matters of such great social significance in precision, which is perhaps why it has not been specified clearly, for example, what kind of scale is being used for measurement. People sometimes feel that there is unfair simplification involved when reducing human matters to numbers. Nevertheless, at least rough quantification is needed in order to draw any practical conclusions. Even to decide which alternatives to choose in one's own life for one's own good, one often needs to rank the alternatives somehow – which is putting them on an ordinal scale, though, sometimes unconsciously and implicitly. The claims about “lives worth living” and “lives not worth living” are based on quantification, so they must be analyzed as such.

### **6.3 Pro-Life View, Anti-Life View, and a Ratio Scale**

Biosignificantists, bioindifferentists, and some supporters of asymmetrical theories (see table 5.3) – depending on which values they include in their theory – have the burden of justifying how to balance out the good and the bad effects against each other, and to construct a credible non-ratio scale. The pro-life view and the anti-life view do not share this burden. Like biosignificantists and bioindifferentists, they, also, do not have the awkward task of justifying any asymmetries. The underlying ideas behind these two views are simple and coherent: the personal value of a moment is a matter of it containing more or less of something measurable. A nice ratio scale is available for these theorists.

Nevertheless, I know of no theorists supporting the pro-life view or the anti-life view; I know of no theorist who thinks that wellbeing is necessarily positive if not neutral, nor do I know of anyone who thinks that wellbeing is, conversely,

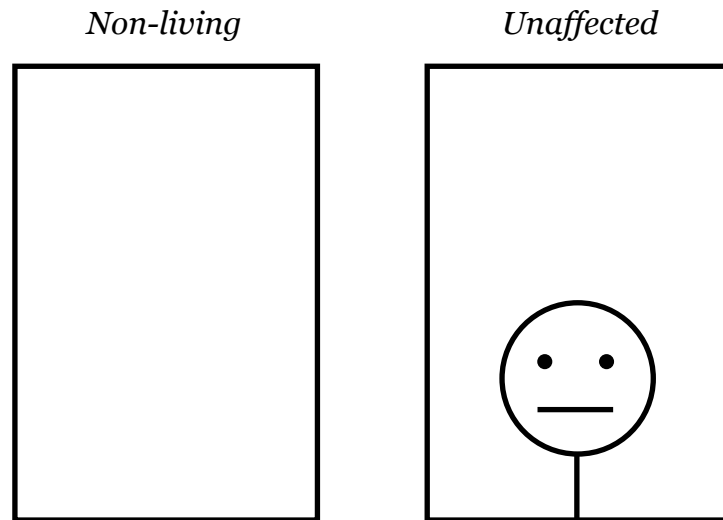
necessarily negative if not neutral. It is, also, difficult to fit these views to a pleasing ethical framework. The pro-life view makes it tricky not to slip into a moral imperative to add as much people to the society as possible. “The more, the merrier!” seems an easy conclusion to draw from the theory. Many of us, I believe, are even more uneasy about the anti-life view according to which it is best for no-one to be born and, in case people do face the misfortune of life, ideal that everyone dies as soon as possible – although, preferably, painlessly.

Another unattractive quality of both of the theories is that they see no value in compensation. In our everyday life, we do voluntarily suffer some miseries because we consider them worth the suffering if there is a prize for it. Anti-life view holds that there is never a good reason for this suffering. Pro-life view says that the suffering does not simply matter at all, which also seems plainly mistaken as we do rather choose the good without the bad if possible. Of course, a pro-life theorist could make the move of assuring us that what we call ‘miseries’ are actually, measurable as a lack of positive effects on wellbeing, and an anti-life theorist could say the opposite. It is, though, hard to see what, for example, intense pleasure and extreme suffering really have in common.

In any case, the pro-life view and the anti-life view are left unaffected by the critique in the next chapter. These views do also appeal to the analogy of non-living and unaffectedness (see subchapter 7.1), but they do not have to integrate this to the analogy of unaffectedness and balanced-out effects (see subchapter 7.2) as biosignificantism does. Personally, I consider bioindifferentism the most appealing alternative to biosignificantism, but I will not attempt to refute these two consistent views addressed in this subchapter. Frankly, I do not know how to achieve this if someone really is comfortable with all of their implications. In case the reader wants a ratio scale for wellbeing, the pro-life view and the anti-life are elegant theories that incorporate such a scale. I also do not know of any arguments for defending either one of these views against the other, except that common intuitions seem less in conflict with pro-life view. Now, I will turn to the problems of biosignificantism.

## 7 A CRITIQUE OF BIOSIGNIFICANTISM

### 7.1 The Analogy of Non-Living and Unaffectedness



That it is automatically assumed, by biosignificantism, the pro-life view, and the anti-life view, that a non-living subject has neutral wellbeing is revealing: what determines wellbeing is assumed to be in a relation to the subject themselves. That is, if there is no subject, there is no way to affect their wellbeing. No flu can infect them nor can they enjoy the sound of a bird singing on a spring morning. There can be no causal link from objects to them. Presumably, they cannot even have a fulfilled or unfulfilled desire at that time for that matter.

The graphics in the beginning of this subchapter are meant to highlight what is similar between the state of non-living and the state of living unaffected by good or bad effects on wellbeing: in both cases, there are no objects of wellbeing. The external world of the subject is similar – in the images, blank.

It is undeniable that there is some kind of similarity between a living subject, whose wellbeing is at some moment or time period causally unaffected by certain objects, and a non-living subject. Assuming that wellbeing is at least in some relation to the subject (unlike in the number-of-birds example in

subchapter 2.3), there is an obvious difference, too, of course: the living subject is, so to speak, missed by relevant external effects, whereas there is nothing to miss in the case of the non-living subject. From an outside perspective, to observe that the living subject is left unaffected, we need to somehow observe the subject, too. The non-living subject we often cannot observe, nor can the non-living subject experience anything themselves, unlike the living subject.

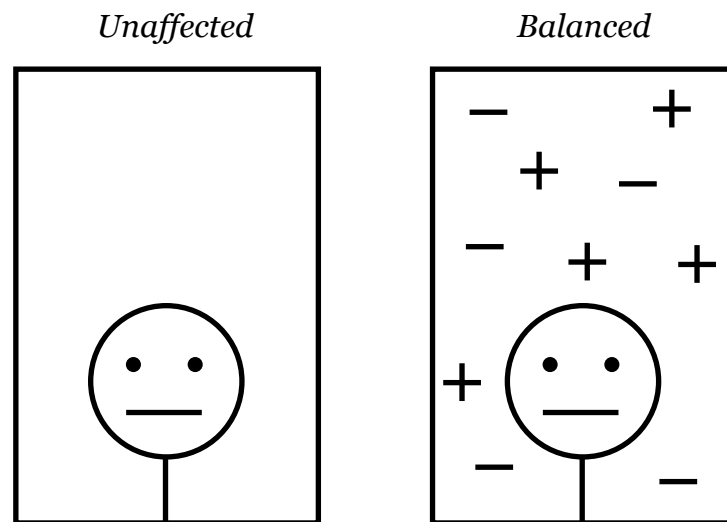
For the analogy of neutral-level non-living and neutral-level unaffectedness to hold, the wellbeing of the subject needs to be defined relationally, the external world of the subject playing its part. The reason is perhaps obvious: there is no mind whose contents to evaluate nor are there any bodily reactions to observe in the case of a non-living subject. So, what is it that both a non-living subject and an unaffected subject lack? We cannot hear their laughter or cry. They are not admiring a beautiful painting or being stung by a bee. They are not graduating from the university or being kicked out. It might be even defensible to refer to certain neurological events that are missing in both worlds if we are conceptually able to separate them from the subject. In any case, we are referring to the lack of some objects detectable separately from of the subject.

A peculiar fact about determining the wellbeing of a non-living subject externally is that we cannot rely on observations for this. We rely simply on the conviction that there is nothing to observe. The wellbeing of a non-living subject needs to be determined completely externally because there is nothing internal to determine it. Nevertheless, in determining the wellbeing of a living subject on this model, the wellbeing is defined only partially externally for, in this case, we need to make sure whether the objects of wellbeing do in fact, so to speak, collide with the subject. This wellbeing model is relational to the subject. It is about whether these so-called collisions occur or not. This is how it is different from the number-of-birds type of wellbeing where wellbeing is in no way connected to the subject (see subchapter 2.3).

It is questionable whether a biosignificantist can incorporate even this analogy to their theory. It can be argued to depend on arbitrary factors such as phrasing, cultural views, historical circumstances, and power relations what kind of states

of living are conceptualized as passive and, thus, similar to non-living. This makes it hard to justify where to set the neutral level for life. Matthew Hanser (2009, 191–192) uses an analogy of blindness: in a community consisting of merely blind people, blindness would not likely be conceptualized as a deficiency compared to a ‘neutral life.’ Nevertheless, for now I shall assume, for the sake of argument, that the analogy does hold and that it is possible to arrive at a well-justified conclusion about what kind of life can be called ‘unaffected’ in the relevant sense.

## 7.2 The Analogy of Unaffectedness and Balanced-Out Effects



What do the graphics above tell us about the similarities between the state of unaffectedness and the state of balanced-out effects on wellbeing of a living subject? The external world of the subject is different in the two cases but the net effect of the world to the subject is the same. The similarity can be traced to the inside of the subject. The blank facial expression is meant to symbolize this and the attitude of indifference.

According to biosignificantism, there are positive and negative objects of wellbeing in an absolute sense (see subchapter 6.1). That is, some objects affect wellbeing positively and some negatively compared to some standard of neutrality. For this claim to make sense, these effects of the objects must be measurable on the same scale but have opposite value. The objects themselves, though, do not share a scale and, thus, do not equal ‘wellbeing.’ The effect of a

positive object has no significance for the wellbeing of a subject if the effect of a negative object cancels it out. Overall, it would have been indifferent for the subject for none of these effects to occur at all.

The state of unaffectedness is supposed to be a state where no positive or negative objects affect the subject. From the perspective of personal value, logically, there must be a state of equal value where positive and negative objects do occur, but they balance each other out. Both of these states are neutral in terms of wellbeing.

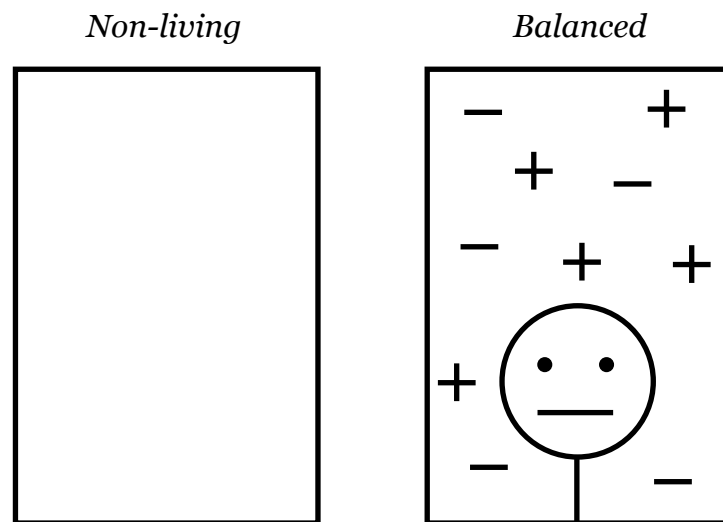
So, there are at least two different kinds of objects of wellbeing. If they were all similar, we could not make out which ones are positive and which negative, after all. This makes subtracting negative effects from positive effects more complicated than just subtracting, let us say, apples. The simplest kind of framework for biosignificantism might be like that of hedonism where we subtract pain units from pleasure units to arrive at the personal value of a moment or time period (see, e.g., Bradley 2009, 8–10). As Bradley (2009, 4) notes, such a view is currently not that popular, though. Most people think that there are a variety of quite different kinds of objects that affect wellbeing. For example, affection, accomplishment, or aesthetic experiences might also affect wellbeing positively whereas disappointment, boredom, or stress might do the opposite.

How to find a way to measure these different sorts of objects on the same scale? I believe that most of us agree that there is no way to do this without referring to the personal properties of the subject in question for it seems clear that the same kind of objects affect different subjects in different ways. Even Bradley (2009, 2) seems to recognize this. Someone enjoys a specific taste that someone else does not. Some fear the dentist more than others. Even the same person might react to the same kind of object differently on different occasions. So, it is plausible that we cannot provide a convenient, complete list that we can check when we wish to determine what kind of wellbeing points does a certain kind of object give or take.



Thus, for the analogy of unaffectedness and balanced-out effects to hold, wellbeing must be internal. One needs to establish a unified measurement for the different kinds of objects that affect wellbeing. As a metaphor, one cannot, of course, simply subtract the number of apples from decibel units, for example. This would be completely arbitrary. As said, we cannot deduct the way specific objects affect a specific individual in specific circumstances without observing or interrogating the specific individual. Thus, if both positive and negative effects on wellbeing are to be accounted for, wellbeing itself must be internal. In a state of unaffectedness, the subject is somehow similar to the subject in a state of balanced-out effects on wellbeing. Thus, the subject provides the linear scale whether it is through mental assessment or something observable from the outside as the form of the subject's mouth or the subject's brain activity.

### 7.3 The Failed Analogy of Non-Living and Balanced-Out Effects



In subchapters 7.1 and 7.2, I laid out the source of the problem for biosignificantism: there is no scale to match the states of non-living and the state of balanced-out effects. The way wellbeing is, supposedly, measured when non-living is associated with unaffectedness is through partially external assessment: objects of wellbeing do not collide with the subject. The way wellbeing is measured when unaffectedness is compared to the state of balance, on the other hand, is through internal assessment: something about the state of the subject remains the same in both situations. The first analogy is an analogy

about the lack of outer effects on the subject. The second analogy is an analogy of an internal state of wellbeing.

The graphics in the beginning of this subchapter are, in this case, meant to highlight that there is no similarity between the state of non-living and the state of living in a state balanced out by effects on wellbeing. In these graphics, both the state of the subject and their external world are different.

We have no way to combine the first analogy's measurement to the second analogy's measurement to create the third analogy of non-living and a state of balance. We cannot assess the balance state as a lack of something external as there is no lack nor can we assess the state of non-living by an internal scale as a non-living subject has nothing internal to assess.

Assuming that balancing out good and bad effects on wellbeing makes sense, what is measured in the analogy of non-living and unaffectedness is, in fact, not a subject's wellbeing but outer effects on it. It is true that the wellbeing of the non-living cannot be causally affected in the banal sense that they do not have a wellbeing at all. If wellbeing cannot be measured on a ratio scale like those of pro-life and anti-life view, and if it is possible to establish a linear wellbeing scale to make judgments about the hierarchical order of states of wellbeing, then wellbeing is an internal property of the subject. "[I]t is not clear why the *capacity to value* at a time *t* is necessary for having a well-being level at *t*", Bradley (2009, 102, italics in the original) writes. This is why: the subject is the filter that turns various kinds of effects to a uniform, measurable wellbeing form. This they cannot do while not alive, and there is no way of knowing how a variety of different types of objects affect a specific subject in specific circumstances without the subject being alive. I believe this also fits common intuition; sunshine and tornadoes are not good or bad as such but only in relation to how they affect subjects with interests. The question of wellbeing is not about what happens but about how these events affect a specific subject.

If one is not comfortable in embracing the pro-life view or the anti-life view, what follows is that wellbeing levels cannot be measured on a ratio scale. Thus,

judgments of wellbeing are always relative: something is better than something or something is worse than something, but nothing is good or bad by itself. There is always an implicit or explicit comparison involved. It is often quite arbitrary what the unmentioned counterpart of this comparison is. This is obvious when someone states, for example, that it is a bad thing for Maria that they do not have a “regular family.” It depends on cultural context what we compare their current family situation to. We may choose to denote some particular wellbeing level with the value zero – be it good vision or blindness, so to speak – but this zero point is always arbitrarily set.

## 8 AFFECTING WELLBEING

### 8.1 Affecting Wellbeing Through Wellbeing Levels

As mentioned in subchapter 2.2, not everyone thinks that personal interests can be reduced to wellbeing. As I have been hesitant to offer an exact definition of wellbeing, one may ask what is it that I am substantially trying to claim in this thesis. A clue lies in SP (see subchapter 2.2); what is special about wellbeing compared to possible other types of personal interests is its relationship to time and, specifically, moments. As stated, I believe we can all share the premise that wellbeing is somehow related to the moments of a subject's life.

We are interested in wellbeing in general mostly because it is related to interests. We want to know what kind of pragmatic choices to make regarding wellbeing to promote the interests of subjects, and how wellbeing is and can be affected by events.

How can wellbeing be affected? Let us examine a tentative constraint in affecting wellbeing (CAW):

CAW: If an event does not affect the wellbeing level of any moment during a subject's lifetime, the event does not affect the wellbeing of the subject at all.

Assuming we all agree that wellbeing can be affected, at least, through somewhat mundane events where a subject is, for example, simply hit by an object, it is hard for me to see how this sort of affecting momentary wellbeing levels could be combined with some sort of completely non-momentary affecting under the same title of 'affecting wellbeing.' I cannot see a common feature there. This is why I think CAW seems, initially, a reasonable assumption.

Some might, however, have a problem with this constraint, for it makes it so that the ending of a life by itself cannot be accounted as affecting wellbeing, assuming that wellbeing is measured on a non-ratio scale and that, thus, a non-living subject does not have a wellbeing level, as was established in chapter 7. The intuition that a subject can be ‘harmed’ by the ending of their life is strong among people. Here, I will not go deeper into defining the term ‘harm,’ though. (See, e.g., Kavka 1982, 95–100; Kumar 2003, 100–105; Bradley 2009, 65–69; Harman 2009; Hanser 2009.)

A counterargument to *CAW* might, thus, be that the death of a subject affects the wellbeing levels of a subject by omitting them from the whole of life without changing any specific wellbeing level. The problem with this claim is how it uses the concept ‘affecting.’ This kind of ‘affecting’ would be some kind of a timeless sort. An event that causes the death of a subject can often be individuated in space and time quite clearly. How is it that such an event is supposed to have an effect on something outside space and time? And, even if one could manage to develop an answer to this question, it is still unclear how these two radically different ways of affecting wellbeing could be incorporated into one theory.

For now, let us restrain our focus to causal affecting, which is probably the most straightforward case. Of course, it is true that an event may be the cause of the change in states of affairs when a certain subject stops having a wellbeing level as a result of dying. Nevertheless, I feel that it is stretching language to claim that something can be affected by causing it not to exist anymore. Surely, the states of affairs related to a subject’s wellbeing are affected in the case of their death, but it is far from clear that the wellbeing itself is affected.

But, then, let us consider a specific kind of case, paraphrasing Benatar’s (2006, 21) example, where a subject’s life is saved. I apologize for the gruesome nature of the example, but it needs to involve a life-threatening danger and a sufficiently horrific event so that a change in wellbeing levels is obvious. So, let us suppose that Jorma saves Esko from a burning car by cutting of Esko’s hand so that Esko is freed and, thus, able to escape fast from a life-threatening, inevitable danger. Let us also assume that this was the only way that Esko’s life

could be saved and that Jorma cuts the hand because Esko orders them to do so. As a result of losing their hand, Esko's wellbeing level drops significantly compared to how it was before the event.

Were Esko's wellbeing levels affected? In a causal sense, surely yes, they were. The wellbeing levels that Esko had after the incident were partially a result of Jorma's act. One can, thus, perhaps plausibly claim that CAW was met. Still, the question "Was Esko's wellbeing affected?" seems intuitively a little trickier to answer than the question about affecting wellbeing levels because of time-related and metaphysical issues. We could debate the question, but I would rather like to ask what are we really interested in here.

I began with axiology and am trying to find out about interests of a subject of wellbeing in relation to their wellbeing. Insofar as a subject has two options, a continued life with specific wellbeing levels, or no more life and no more wellbeing levels of any kind, given a non-ratio scale of wellbeing, the choice between the options cannot be motivated by the subject's wellbeing-level-related interests. This simply follows from a non-living person having no wellbeing level value to compare with the wellbeing level value of a living subject. So, in order for us to capture the axiologically relevant sort of affecting wellbeing levels, I shall propose substituting CAW with a constraint of affecting wellbeing counterfactually (CAWC):

CAWC: If an event does not change the wellbeing level of any moment during a subject's lifetime compared to the case where the event does not occur, the event does not affect the wellbeing of the subject in a way relevant to the subject's interests at all.

According to CAWC, affecting a subject's wellbeing is relevant to their interest only if there are at least two modally alternative moments during which the subject has a wellbeing level that results from the affecting event and that can plausibly be compared to each other. So, for example, the case of Jorma and Esko does not fill the criteria: Esko would not have had any wellbeing levels in the counterfactual case where Jorma does not save Esko's life. The same is true

of any event leading to a subject's life ending. Dying as a gradual event is, of course, a different case, as remarked by Fred Feldman (1992, 72–73). An event that eventually causes a subject to go out of existence may affect their wellbeing levels while the subject still exists.

Even if one admits to CAWC, the possibility of wellbeing wholes of lives or other longer time periods having emergent properties is left open. That is, a supporter of CAWC may either think that there is nothing more to wellbeing than wellbeing levels or, alternatively, that, for example, wellbeing aggregates are in direct connection with the individual wellbeing levels they consist of but are not reduced to them. (Cf. Bradley 2009, 6) I will not go into extensively arguing against this latter position, but the metaphysics of affecting wellbeing under this model do seem dubious to me. In the clear-cut example of a subject getting hit by an object, it seems that the cause is easily locatable in time as well as the effect on the subject's wellbeing levels but, then, something peculiar happens so that an event in time affects something that is outside time – that is, the holistic wellbeing whole. What can this mechanism possibly be like? This kind of CAWC-compatible view is also in conflict with the propositions  $GB \leftrightarrow BD$  and  $BB \leftrightarrow GD$  (see subchapter 5.2) and, so, does not benefit from the plausibility of the symmetrical intuitions.

It is, of course, logically possible to form a theory according to which 'wellbeing' is not reduced to momentary wellbeing levels, but, then, we may ask why should one care about such a holistic concept of wellbeing. Does not the subject, whose wellbeing we are concerned with, themselves reside in mere moments in time (cf. Parfit 1984, 177–181)? Surely, someone will object to this, remarking that people really do care about, for example, their lives as wholes. They care about, for example, narrative structure, the shape of their lifetime wellbeing curve, and other such considerations. I do not deny this, but I want to point out that people care about such things at specific moments of their lives. The life as a whole is an object of experience only through a momentary representation of it. A pleasant narrative is good for a subject only if and when it actually raises their momentary wellbeing levels. This is true even if the narrative is quite distant from how events actually took place. I would also find it strange if someone was

to tell me that I personally should care about, for example, the shape of my lifetime wellbeing curve, even though I actually do not.

Memories of the past might, of course, be good to us now, but the same is true of false memories. Experiencing a memory now might benefit a subject now but this does not increase the wellbeing of the past. This is not the same as to say that memories should play no role in choosing among alternative courses of action. If an action is likely to lead to an event that will also result in lots of positive moments of reminiscing afterwards, this may well be counted as an argument in favor of the action. What I mean is that the memories of an event are a separate consideration from the wellbeing of the time of the event itself.

## **8.2 Affecting Wellbeing Levels Causally**

According to the symmetrical theories of the personal value of birth and death (see subchapter 5.2), personal value is reduced to wellbeing that is reduced to momentary wellbeing levels. Chapter 7 showed us that biosignificantism is flawed: the zero point of a non-ratio scale does not signify a lack. The wellbeing scale that succeeds in measuring both the good and the bad effects on wellbeing needs to refer to the internal properties of a subject which a non-living subject does not have. Given the premises SP and SW, if  $GB \leftrightarrow BD$  and  $BB \leftrightarrow GD$  are also correct, then either bioindifferentism, the pro-life view, or the anti-life view is correct. Adopting the pro-life view or the anti-life view would mean giving up the idea of both good and bad effects affecting subjects' wellbeing, though.

If one wishes for the analogy of the state of unaffectedness and the state of balanced-out wellbeing effects (see subchapter 7.2) to work, a non-ratio wellbeing scale has to be applied. Non-ratio wellbeing does not have a size and it does not cumulate over time. One cannot cumulate values that are measured on a non-ratio scale; we do not count the sum of a day's temperature. Non-ratio wellbeing is not something that a subject can hoard over a period of time. It flies by as does time. Past wellbeing stays in the past; by itself, it is of no good to a subject in the present.



There are probably not many that deny that wellbeing can be affected in, at least, a causal manner in which the cause temporally precedes the effect; this is the most familiar type of affecting, after all. As a non-living subject does not have a wellbeing level, given a non-ratio wellbeing scale, and assuming CAW or CAWC (see the previous subchapter), an effect on a subject's wellbeing has to be temporally located at a time during the subject's life. The cause has to precede this. The cause can, of course, be temporally located at a time preceding the subject's life. Let us call the view that a causal way of affecting wellbeing is the only possible way of affecting wellbeing, and that both the cause and the effect need to be located in moments of time 'the causal view.' After all, according to our everyday experience, the direction of time seems to be forward and there's no changing that. According to the causal view, the only way to affect wellbeing levels now is affecting the future ones.

Given a non-ratio wellbeing scale, according to the causal view, wellbeing is also not something one can lose over time. (This claim is compatible even with pro-life view, even though it applies a ratio scale for wellbeing.) Conversely, miseries that are in the past cannot be cancelled out by good times. New experiences and events may be added to a life but they cannot remove anything from the past. As intuitive and obvious as this seems, it is commonplace among theorists, and not unheard-of among laypeople, to consider a longer life containing a miserable period in the end worse for a subject than a shorter life that is otherwise identical but lacks the miserable period in the end (see, e.g., Luper 2009, 171–196; Feldman 1992, 210–224; Bradley 2009). The so-called negative wellbeing values are subtracted from the positive ones gained before as if a sufficiently bad end of life would make the good beginning meaningless. This resembles a way of looking at the value of romantic relationships only from the viewpoint of the current situation, as if a relationship that used to be good but has turned bad at the end would have been worth nothing at all. This, too, is quite a common view but, I must admit, I find it hard to follow.

To understand the causal limitations, let us examine a subject's three alternative histories in which I will denote wellbeing levels with numbers and moments of non-living with the letter  $\Omega$ . I only assume that wellbeing levels can be assigned

exact numerical values for the sake of the clarity of the example. The same conclusions I will make could be made without making such an assumption.

*Table 8.2: three modally alternative histories of a specific subject*

	$t_1$	$t_2$	$t_3$	$t_4$	$t_5$	$t_6$	$t_7$
<b>History #1</b>	$\Omega$	$\Omega$	$\Omega$	$\Omega$	$\Omega$	$\Omega$	$\Omega$
<b>History #2</b>	$\Omega$	1	1	$\Omega$	$\Omega$	$\Omega$	$\Omega$
<b>History #3</b>	$\Omega$	1	1	-5	-5	-5	$\Omega$

In history #1, the subject is never born, whereas in histories #2 and #3, the subject is born and lives on from moment  $t_2$ . In history #2, the subject is dead from  $t_4$  onwards and, in history #3, they still live on through the period  $t_4$ – $t_6$ . The  $t_2$ – $t_3$  period's wellbeing is identical in histories #2 and #3. The wellbeing level of  $t_4$ – $t_6$  of history #3 is significantly lower than that of the period preceding it.

If it were not for biosignificantism's failure to establish the zero level of wellbeing that applies also to the state of non-living, it would be straightforward for a biosignificantist to compare the values of the histories in table 8.2. They could simply replace ' $\Omega$ ' with '0' and then count the sums of the momentary wellbeing values. History #2 would be better than not being born in history #1 which is still better than history #3 which has a negative value and is, thus, worse than no life at all. What is of special interest to us here is that there would be no problem in timing the misfortune of history #3 compared to history #2: one could simply say that, in history #2, the moments  $t_4$ – $t_6$  are better for the subject than the corresponding moments in history #3. This is what Bradley (2009, 84–92) claims. It would remain the case that the identical moments  $t_2$ – $t_3$  in histories #2 and #3 are of equal value to the subject. A supporter of the causal view could also see the choice between histories #2 and #3 relevant from the viewpoint of causal affecting, since the event that caused the death of the subject would precede the effect on wellbeing levels that are located after the event in both of the alternative histories. Similarly, when comparing histories #1 and #2, it would be clear that the time when the subject benefits from history #2 is  $t_2$ – $t_3$ .

As we have concluded that, given a non-ratio scale of wellbeing, a non-living subject does not exist and, thus, does not have a wellbeing level, and keeping in mind that non-ratio wellbeing does not cumulate, preferring history #2 to history #3 from the viewpoint of the subject's wellbeing becomes problematic. Claiming that the life of the subject is better in history #2 than in history #3 is to say that lives have a separate value as a whole. After living through  $t_2$ – $t_3$  in history #3, the value already gathered during this period is supposed to be somehow subtracted from. This kind of view suggests a metaphysical model of wellbeing according to which wellbeing does not reside completely in moments of time. If one wishes to maintain that a life like that in history #2 can, at least sometimes, be preferable to the one in history #3, an alternative is to hold that not all personal value is reduced to wellbeing. As personal value outside wellbeing is not in the focus of this thesis, I shall not examine this view closer.

If we take the causal view and CAWC as premises, we see that a choice between the three histories in table 8.2 cannot be made on the basis of the life's subject's wellbeing interests. In history #1, there is no wellbeing level to be compared to any other wellbeing levels. Trying to compare histories #2 and #3, it does not seem justified to contrast the wellbeing levels in history #3 at  $t_4$ – $t_6$  to any of the wellbeing levels of history #2. It is true, though, that I have not taken a stance on which are the relevant alternative wellbeing levels to compare in CAWC-compatible affecting. I will return to this in chapter 9. It seems clear, though, that, if we take the causal view to be correct, the relevant wellbeing levels should be temporally located after the possible cause.

### **8.3 Affecting Wellbeing Levels Non-Causally**

CAWC (see subchapter 8.1) is not logically connected to the causal view (see subchapter 8.2). It merely states that an axiologically significant difference in wellbeing always corresponds to a difference in wellbeing levels. It follows from CAWC that, if two lives are identical concerning wellbeing levels, there is no reason to prefer one to another from the viewpoint of the life's subject's wellbeing-related interests.

The causal view seems to work well with what Bradley (2009, 18–30) calls ‘internalism’: the view that the internal features of a moment determine its wellbeing level. CAWC, on the other hand, is not logically tied to it. What Bradley calls ‘attitudinalist desire satisfactionism,’ for example, suggests that, if I currently desire to get a master’s degree at  $t$  and my desire truly is fulfilled at  $t$ , my current wellbeing level rises because of this later event. The same is true of attitudinalist achievementism, where, for example, my finishing this epic quest of writing a master’s thesis allegedly benefits me during writing it. (Bradley 2009, 25–28.) This kind of affecting is ‘retroactive’ (Bradley 2009, 17). These views can also attempt to solve the problem of timing the wellbeing loss related to death. If death prohibits a subject from getting their desires fulfilled or finishing their achievements, the loss in wellbeing can be timed during the subject’s lifetime, even though the events that determine the lifetime wellbeing levels can be located outside the period when one is alive. (Cf. Bradley 2009, 84–92.)

Bradley (2009, 27–28, 87–88) provides good arguments against the view in general that the harm of frustrating a desire or not succeeding in a long-term project can be temporally located before the frustrating event. I, too, find these views questionable, but they can, nevertheless, be successfully combined with SP, SW, GB $\leftrightarrow$ BD, BB $\leftrightarrow$ GD, and CAWC. This kind of desire satisfactionism and achievementism may, in principle, be combined with bioindifferentism. Thus, for example, dying might make the wellbeing levels of a life worse afterwards in some cases, but being dead itself could not be called ‘worse’ for the subject because a subject cannot be attributed with a wellbeing level while non-living. Defining a moment’s personal value referring to contents outside the moment, however, makes wellbeing levels metaphysically quirky entities. One related problem resembles the mind–body problem: how can a spatiotemporal event affect something allegedly non-spatial? And, assuming that wellbeing can also be affected causally, how can a theory possibly combine these two drastically different ways of affecting?

To me, giving up causality would seem quite a high price to pay, anyway. And, as we are interested in affecting wellbeing especially insofar as it is related to the

interests of the subject of wellbeing, it seems reasonable to ask whether the subject can or should even care about non-causal affecting, even if it is a consistent concept. How could we utilize the concept in practice, as the way we – driven inevitably forwards in time and bound by our limited momentary perspective – are able to intentionally act on anything is through causal processes? Personally, I am not even the tiniest bit interested in trying to raise my past wellbeing afterwards, and I believe it would be quite difficult to convince me otherwise. (Cf. Parfit 1984, 169–174.)

## 9 NON-CUMULATIVE WELLBEING

### 9.1 The Bioindifferentist Framework and Its Alternatives

In chapter 7, I established that the three states of non-living, unaffectedness, and a balance of wellbeing effects are not all analogical to each other. If we wish to hold on to the analogy of the subject's wellbeing in states of unaffectedness and the balance of effects – unlike, for example, the supporters of pro-life view and anti-life view who are able to assimilate non-living with a lack of wellbeing effects – we need to use a non-ratio scale for wellbeing. The simplest solution, while still holding on to the starting premise SP, is to accept bioindifferentism according to which personal value is completely reducible to the wellbeing levels during a lifetime and has nothing to do with being born or dying. The only alternative to this, while still holding on to SP, is to maintain that personal value has something to do with other things in addition to momentary wellbeing. I will not attempt to refute this position here but, in this chapter, I will investigate in some detail what follows from accepting bioindifferentism. The view seems to have quite radical implications, compared to some common everyday conceptions.

A non-ratio wellbeing scale entails the concept of non-cumulative wellbeing. This chapter is about investigating how non-cumulative wellbeing works and what is it good for. The consistent theories of pro-life view and anti-life view in addition to the more complicated and quite unpopular theories of Bcb, Bch, Dcb, and Dch (see table 5.3) are, thus, outside the focus of the chapter, since a ratio scale is available to them. (Bcb, Bch, Dcb, and Dch need to, however, base personal value on other things in addition to wellbeing, too.)

Among the theories I know of, the Dcb&h theory of averagism is unique: it is an asymmetrical theory that succeeds in basing personal value on wellbeing alone while utilizing a non-ratio scale of wellbeing. Its conception of wellbeing does

not fall that nicely on the cumulative–non-cumulative dichotomy. According to averagism, birth is not related to the interests of the subject, because an unborn subject never comes to have a wellbeing level average, but death can be in the subject’s interests or against them, depending on whether it deprives the subject of momentary wellbeing levels that are above or below the life’s wellbeing average so far. As said, not many seem, nevertheless, willing to accept the view. I feel that the theory of averagism, nevertheless, poses a problem: as it evades some classifications of mine, it highlights the possibility of forming yet a different kind theory outside the schemes presented in this thesis. As such a potential candidate theory is, for now, left hypothetical, let us consider whether we can manage with bioindifferentism instead.

As I refuted biosignificantism and averagism does not seem very attractive, investigating bioindifferentism is useful in general to see what follows from utilizing a non-ratio scale for wellbeing. All that is said about bioindifferentism should interest anyone who believes wellbeing is correctly described by such a scale, unless they are willing to accept averagism or able to formulate a new plausible view about the personal value of birth and death that has not been laid out in this thesis.

As I pointed out in subchapter 8.3, bioindifferentism is compatible with a non-causal view about affecting wellbeing. Because I believe that I am not alone in finding such a view implausible and because of the complexity of a non-causal view, I will assume the causal view to be true in the following. This does not affect my essential claims, though.

## **9.2 Comparing Alternatives**

In subchapter 2.2, I set out the goal to include the starting premise *SP* to our theory. Supposedly, a plausible wellbeing scale can be applied at least to enable comparisons such as “I want my kitchen walls orange rather than purple as I believe orange walls will make me happier” – that is, a certain choice is expected to have a more positive effect on the wellbeing of the subject than an easily comparable modal alternative – or “Overall, I’m feeling better now than a

minute ago” – that is, the subject’s wellbeing has changed compared to the past. So, we wish for the wellbeing scale to be able to organize at least some of the same subject’s momentary wellbeing states hierarchically by personal value, whether they are modally alternative or temporally differently located.

It might be more difficult to compare wellbeing levels of different subjects. It is, admittedly, often relevant to ask whether we should direct our resources to benefitting one subject or, alternatively, benefitting another one, which may come down to comparing their wellbeing levels to another in different scenarios. Important as this third dimension on the distribution of wellbeing – as Broome (2004, 16) calls it – is, this subject matter will, nevertheless, be left outside this paper. It will, surely, come to play when one intends to develop an ethical theory, but this is not my current intention.

As concluded, the wellbeing scale for the theories that wish to include both positive and negative effects on wellbeing in them can be an interval scale at best, like the Celsius scale, or a mathematically less sophisticated ordinal scale. Surely, it does make sense to say that it is colder or hotter at a certain moment compared to another moment or that a certain action might cause a certain kind of temperature change compared to another kind of action – or omission, if you will. On the other hand, it does not make sense to say, “The 4<sup>th</sup> of February was hotter than it was on February 3<sup>rd</sup> at 14:00–15:00.” It is, after all, unclear how this claim is supposed to be interpreted. Of course, one can sensibly claim, “The average temperature of the 4<sup>th</sup> of February was higher than that of the hour from 14:00 to 15:00 on February 3<sup>rd</sup>,” or, “The temperature on February 3<sup>rd</sup> at 14:00–15:00 never rose above any of the temperature levels on February 4<sup>th</sup>,” but, on the other hand, there are no comparable, single temperature values for ‘February 4<sup>th</sup>’ and ‘14:00–15:00 on February 3<sup>rd</sup>.’ This is because temperature does not cumulate. There is no whole. The same is also true of wellbeing measured on a non-ratio scale.

Because the zero point of an interval or an ordinal wellbeing scale is necessarily arbitrary, as already noted, there is no single scale with which to compare the values of all possible life contents to each other. More specifically, the success of



comparing time periods of different durations to each other is especially questionable. Disappointing as this may be, it is the mathematical reality. Unlike a total value, an average wellbeing level might, of course, still be calculatable, but taking this as relevant in relation to the subject's interests is highly questionable and would, surely, demand additional justification. In any case, averaging, as mentioned, is not a popular view. People, for example, rarely wish to perish immediately after the best times of their lives, even if continuing living would decrease their lifetime's average wellbeing. To claim that they rationally should wish this and that they are occasionally truly suffering harm without realizing it would sound quite dubious.

Accepting that wellbeing is measured with an interval scale at best entails giving up the idea that there are events or states of affairs that are good or bad for a subject in an absolute sense – that is, good or bad for them, *per se*. Bradley, on the other hand, uses a lot of effort to determine when an event is simply 'bad' for a subject. They discuss the concept of the closest possible world to which they compare the world whose value is under inspection (Bradley 2009, 47–72). All of this seems quite pointless and arbitrary to me. Utilizing a bioindifferentist theory in determining, for example, what to choose for the good of a given subject, we only need to compare the alternatives that are available to each other. One wellbeing level is higher and, thus, better than another, and that is enough to be said. There is no need to deal with the question whether a specific wellbeing level is unconditionally 'good.' In fact, in light of the arguments I have made, this question seems to make little sense.

Perhaps unfortunately, it seems that the practical use of a non-cumulative wellbeing concept is quite limited, though, as I will show. But I am merely calling it as I see it.

### **9.3 To Be Born or Not to Be**

An amount of theorists have attempted to embed the view that it can be bad for a subject to be born in their theory. The corresponding view that it can be beneficial to be born is less popular. (Cf. Harman 2004; Harman 2009; Kavka

1982; Kumar 2003; Meyer 2008; McMahan 2009; Mulgan 2009; Narveson 1967; Persson 2009.) These views combined with a non-ratio scale of wellbeing are mistaken because of reasons explained in chapter 7: if both good and bad effects on wellbeing are meant to be quantified on the same scale, the scale will have to refer to the subject internally and will, thus, fail to assign a wellbeing level to a non-living subject.

The case of comparing a subject not coming into existence to them coming into existence is a simple one to consider in the light of the conclusions of chapter 7. There is, of course, nothing to consider from the perspective of wellbeing in relation to a non-living subject that will never have any kind of wellbeing level. No matter what kind of life they will come to live in case they are born, it will not be comparable to non-living. Therefore, it cannot be good or bad to be born, *per se*. This is not to say that it can never be good or bad for a subject to be born in a certain way rather than another way, presuming that in both of the compared cases it is the same subject in question.

In our society, the benefit of a potential subject of wellbeing is, nevertheless, often discussed before their birth when considering whether to enable their being born or not. In addition to humans, the question of whether it would be best for the subject's own sake not to come into existence at all is addressed also when talking about, for example, dog breeding. The presuppositions of these questions are mistaken. There is no wellbeing of a non-living, unborn subject to compare with the wellbeing of the subject that is living.

#### **9.4 To Live or to Die (at a Certain Time)**

All living subjects of wellbeing that we know of seem to die eventually (in a secular sense at least). The common question of whether it would be good or bad for a subject to fall into inexistence is usually about dying at a certain point in time, rather than dying at all. For the sake of clarity, let us assume here that we are only considering cases where the alternative courses of history are identical up to the point of the possible death of the subject. That is, we are

examining the question of whether it would be good or bad for the subject to die exactly at a specific moment rather than to go on living the same life after that point.

In reality, we, of course, often cannot foresee what life has in store for a certain subject, but this is beside the point of this thesis's interest. To make our focus clear, let us also assume that we are able to know exactly how the subject's life will continue if they do not die at the specific moment of our interest. If the reader finds themselves uneasy about this presupposition – as some people seem to – they may simply think about cases where we only ask afterwards about lives that have already ended whether it would have been good or bad for the subject to die at a certain earlier moment than they actually did. This way, no predicting of specific life contents is necessary. This will, actually, be of no significance, though.

So, we are considering, with the subject's own wellbeing in mind, whether it would be good for a certain subject if a time period was added to the end of their life or not. As said, non-ratio wellbeing does not cumulate. No matter how glorious or miserable the added time period is, it does not change the subject's previous life up to that point (see subchapter 8.2), assuming the causal view. Thus, the non-ratio wellbeing scale does not offer us tools to answer the question. In fact, the question whether to add a time period to a subject's life or not is completely analogous to the question of whether to enable a subject's birth or not when considered from the viewpoint of non-ratio wellbeing. This is what Lucretius (1965, 110) was also pointing out. It is a question of non-living versus living. In this case either, these two states do not share a value that could be compared from the viewpoint of the subject's personal interests. Non-living has no value for a subject. Whether to continue living is not a question to be answered from the viewpoint of the subject's interests, insofar as the subject's interests coincide with wellbeing.

What I am arguing for here is against some fairly common intuitions. Very often people do not want to die and think that living on would be good for them. It is also quite common to think that it would be favorable to depart before an agonizing time period at the end of one's life – that is, a shorter life would,

according to this view, be better for its subject on the whole if the end part was sufficiently bad. If one thinks that a wellbeing level of neutral value is reached after death, these views are understandable but, as argued in chapter 7, in our non-ratio wellbeing framework this conviction is mistaken. After death, a period of wellbeing that would be comparable to the subject's wellbeing levels in the modally alternative history where their life continues does not follow.

The agony of, for example, a permanently suffering, hopelessly ill old individual does not take anything away from its subject when there is no better alternative for them that they are denied of. There is no chest of wellbeing points the subject has accumulated during their life that is now under reduction. The wellbeing of the past stays in the past. The happy moments of the subject's past life cannot be taken away from, although, unfortunately, they might bring little joy later while the subject is in great pain. The past happiness is gone. So are the past ordeals, for that matter. Of course, memories might have positive or negative effects on present wellbeing, but, again, the same applies to false memories; that is to say that the past value is, in itself, of no value to the subject in the present. In any case, after life there is also no subject to remember anything. Life is not a visit to a casino: the payoff is not at the end when one turns their chips for money and leaves to spend them; there is nowhere to leave and nothing to spend, and it does no good to quit when one is "winning." On the other hand, the grim truth is that our own non-ratio wellbeing also gives us no reason to keep playing.

Although I myself do find basing personal value on something else than momentary wellbeing levels unappealing, I have not argued against, for example, a hybrid theory combining the reached view about wellbeing to, for example, objectualist desire satisfactionism or objectualist achievementism here nor will I (see Bradley 2009, 25–28). One may try to justify an asymmetry considering being born versus dying, even while embracing a non-ratio scale of wellbeing, based on some additional values to SP that have nothing to do with wellbeing. One may try to somehow fit two or more completely different kinds of values in one theory. I wish them luck. My attempt has been merely to show how far one can go with only SP.

## 9.5 Life Choices

I have concluded that non-ratio wellbeing gives us no guidelines in deciding whether to support the birth of a subject or to continue their life after a certain point in time. Being born or dying *de dicto* are matters that should not concern a subject from the viewpoint of their wellbeing if pro-life view and anti-life view are of the table. It is true that people often do, in fact, refer to the wellbeing of a potential subject, when deliberating whether to enable a birth, and to their own wellbeing, when contemplating their potential demise. This thesis should provide good reasons to reconsider these lines of reasoning.

On what kind of choices can we, then, apply this non-ratio wellbeing scale, if any? The question is not a simple one. A useful analogy might be temperature preferences. Let us assume there is a person named Kalle who always prefers to physically experience a higher temperature to experiencing a lower one, other things being equal. At any moment, they would rather be in a higher-temperature climate than a lower one, other things being equal. What should Kalle choose for the sake of their own interest in different circumstances? Some choices seem intuitively plausible. If we assume that Kalle can spend the same time period in either temperature +20 °C or temperature +30 °C, common intuition tells us, I believe, that they should choose +30 °C, other things being equal. If the time period is of the same length, it should also perhaps not matter how it is temporally located. If we assume that Kalle otherwise lives in a constant +10 °C temperature and they can choose whether to have a 30-day holiday trip in +20 °C in June or a month's trip in +30 °C in July, it seems quite reasonable for Kalle to choose to have a holiday in July, other things being equal.

On a side note, one might argue that the relevant tool for measuring time from the perspective of personal interest is not a clock, though. We, at least, understand the concept of how long a period of time 'feels.' One might claim that periods of life that differ in duration but, for example, feel like an hour, should be considered the same length when determining their personal value. As an example, we may consider a case where a subject can choose to experience

either a minute of suffering that feels like two minutes and a minute of pleasure that feels like half a minute, or a minute of suffering that feels like half a minute and a minute of pleasure that feels like two minutes. We might perhaps even think that it is rational to choose the alternative that includes the minute of pleasure that feels longer, other things being equal. Nevertheless, for the sake of clarity, I will not pursue this line of thought further and will, henceforth, write as if we are interested only in non-relative time measurement. The same arguments would apply equally to periods that ‘feel like’ minutes, hours, or years. The concept of subject-relative time might be a good subject for further research.

Returning to our example of Kalle who consistently prefers a higher temperature, there are less straightforward cases than comparing periods of the same (objective or subjective) duration, too. Should Kalle rationally prefer a life of 60 years in temperature  $+30^{\circ}\text{C}$  to a life of 80 years in temperature  $+20^{\circ}\text{C}$ , other things being equal? We do not have the means to answer this question, given our knowledge of Kalle. As a matter of fact, we do not even have the means to decide whether they should prefer a longer or shorter life in the exact same temperature conditions. We simply know that Kalle will enjoy a higher temperature more than a lower one. This fact is not related to the questions of being born, dying, and length of life nor does it offer us much help in comparing different kinds of lives of different length in different temperature conditions.

What is said about this simple temperature preference applies to non-ratio wellbeing, too. SP says that a higher wellbeing level is better for a subject than a lower one. This claim does not provide us with ways to compare non-living to living, lives of different length to each other, or lives of different length and wellbeing levels to each other from the viewpoint of the subject’s wellbeing interests. Bradley is one who seems to completely miss this point. From wellbeing levels they go straight to cumulating them without realizing what one can do with the kind of scale being used. (Bradley 2009, 84–92.)

One might reply that what is said in the previous paragraph is true but it only tells that I have not yet painted the whole picture. SP is fine, but what is left out,

it might be said, is clarifying what the relationship of wellbeing levels to temporal extension is. To answer this challenge one would need to somehow come up with a ratio like “One time unit on wellbeing level 2 equals two time units on wellbeing level 1 in personal value.” In this model, wellbeing is measured with two values: intensity and duration, much like Bentham (1907) does. Here wellbeing can be increased by adding either intensity or duration and, similarly, decreased by reducing either one.

The problem with this suggestion is that it, again, presumes a ratio scale for the intensity factor. The intensity of wellbeing cannot be measured without specifying a significant zero point which, as has been shown, cannot be done. At best, we can specify levels of wellbeing and the distance of different levels to each other. This does not help us in calculating a two-dimensional area of wellbeing, so to speak. We do not have a “height” to multiply with the “width,” that is, the duration.

I believe it is common to refuse the math involved here. People do, in fact, make judgments where they compare different lives, experiences, or events to each other by intuitively referring to this kind of intensity–duration measurements. If a subject themselves tells whether they prefer a 60-year life of the type A to an 80-year life of the type B, is this not enough? Can we not conclude which life is better for them simply based on their own judgment?

The problem is that the subject never experiences a life or even a less extended time period as a unity. There is no experience of a wellbeing whole; wellbeing is experienced only in moments. The wellbeing whole has no subject, so it makes sense to ask why should the wellbeing whole in itself be of interest to the subject. A subject might, of course, have a representation of the whole in mind and this representation may even affect their individual wellbeing levels, but this effect, too, is located in single points in time. The representation does not equal the life. It may be good – that is, it may give joy and satisfaction and, thus, affect one’s wellbeing positively – to have an impression of a good life as a whole or, conversely, bad to have a bad impression, but this is true even if the impression is merely convincing fabulation. Even if the subject is considered the

leading expert on their own wellbeing levels during their life moments, this does not mean that they are directly in touch with their wellbeing as a whole. Afterwards, they might, for example, enjoy a narrative where they have conquered great hardships but, when experiencing these hardships, they could have, in fact, been better off without. This does not mean that the narrative has no significance but that its significance to the subject's wellbeing is reduced to how it affects wellbeing levels at certain points in time. An artist's past suffering is not removed by a pretty picture they painted of it, even though the artwork would have a positive effect on the artist's wellbeing.



## 10 THE CONSEQUENCES

I have established that, if we wish to include both positive and negative effects on wellbeing in our theory of wellbeing, non-living has no personal value for a subject, not even a zero. Let us assume that we do wish to do this. Personal value would, thus, be measurable on a non-ratio scale, so the zero point of this scale is arbitrary and does not correspond to a lack of something. As a result of this, becoming alive cannot be in a subject's interests or against them nor can dying in itself benefit a subject or harm them (unless we are willing to accept the unattractive idea that what matters is the average wellbeing level of a life be as high as possible). Not living is not better or worse for a subject, since it is not like anything for them. If wellbeing is not measurable on a ratio scale, wellbeing does not cumulate. This makes it so that different kinds of wellbeing wholes are incomparable to each other; for example, lives of different lengths do not share the attribute of a comparable net value.

My claims are highly significant to several themes of individual and societal human interest. Assuming that the secular view of 'living' is correct, what I have said is related to questions such as procreation, abortion, genetic engineering, breeding, life support, suicide, euthanasia, killing, health and disability politics, intergenerational justice, and environmental politics. To be or not to be? My answer is clear: from the perspective of the subject's wellbeing, it does not matter. Moreover, this is not a contingent claim, for it can never matter. When discussing ethical questions concerning whether to enable a birth or a death, it has often been remarked to me that the question is too abstract, for one cannot foresee what a life or the remainder of a life would hold. My arguments render this remark irrelevant: it does not matter what the quality of the potential life or life period is. No matter what the personal value of a life, it cannot be compared to non-living, as non-living has no wellbeing value.

My reader might be left emotionally cold by all of this. There might be an unspecified sense of de-humanization in them. “If someone says they want to live or to die,” they might insist, “their wish should be respected.” This is a normative claim. I have not argued against or for any normative view, *per se*, but I do find the claim confused. Who are we serving when we aim to grant wishes for their own sake, even though they make no-one better off? I find it questionable whether this kind of ethical model can be called ‘altruistic.’ Nevertheless, if this is a cost the reader is willing to pay for their moral conviction, so be it. It should also be remembered that, as Parfit (1984, 3–51) notes, intentionally promoting the correct theory does necessarily lead to the optimal results.

But how is it possible that such a vast amount of people have strong convictions that are against the conclusions I have drawn? Perhaps one reason is that it is often the case that exclamations such as “I want to live!” and “I want to die!” are of little clearly analyzable content. It might be reasonably claimed that they do purport true feelings that possibly cannot even be put in another way. The words might present themselves to the subject directly as such. The feelings are extreme, and so are the expressions. The mistake is to take them in a literal sense and to turn them into quantifiable judgments about comparisons of personal value. The language game, if you will, is a different one.

Another point is that, as Sigmund Freud (1915) noted, people tend not to really be aware of their death. One may well ask whether the concept of ‘being aware of one’s death’ can even make sense, as there is, in the secular view, nothing to be aware of. Psychologically, people may have to stipulate something more or less arbitrary on the place of death to even think about the matter. I believe that it is a quite common phenomenon that people imagine the state of being dead similar to that of being in this dull living state of unaffectedness. Bradley (2009, 106) tells explicitly how they associate death with “sitting in a chair and having no pleasant or painful experiences”. Being dead can seem boring from a living person’s point of view, as a corpse is permanently left immobile without stimuli. People are able to signify this state of relative unaffectedness with a value, since

they have experience of it, and this value they are able to compare with other values. In truth, it is still not the same as being dead.

In contemporary times, the interests of a living individual are quite commonly equated with the – metaphorical – interests of evolution. That is, it is often thought that the interest of an individual is always to spread their genes optimally. It is widely accepted that at least one possible explanation of why individual beings do, in fact, strive to stay alive is that this is a property that evolution has implanted in them. One has to stay alive to procreate and to protect one's offspring. Furthermore, they might consider being born a good thing because of this inborn desire for offspring. These dispositions are probably hard to get completely rid of, no matter how much philosophy an individual engages in. Epicurus's (1940, 30–31) remarks might make little difference.

Nevertheless, confusing evolution with subjective interests is mistaken in at least three ways. Firstly, evolution has not programmed individual beings to constantly deliberate about spreading their genes. Evolution has merely gradually implanted them with properties that have, in history, accidentally proven to be of use or unharmful for this task. The individual need not necessarily, and often does not, think or care about the task of spreading genes as such. That is, they need not internalize this as their own source of motivation. Secondly, some of the things individuals strive for might even be against the evolutionary task because the living conditions change over time. Evolution has not perfected individuals; it is in no way finished. Thirdly, and perhaps most importantly, the evolutionary tendencies of individuals may even make them act in a way that, they will find, affects their wellbeing straightforwardly negatively. Evolutionary success does not equal wellbeing. I believe we all have experiences of feeling an urge to act in a way that we know will be bad for us in the long run.

Instead of finding it sad if one has no rational egoistic reason to keep on living, one could find it an empowering opportunity to transcend the external sources of motivation stemming from evolution. There is, also, no logical reason not to consider other kinds of motivation than one's own wellbeing relevant for one's

own life choices. One can live or die for others, for example. Personally, I can find something positive in this way of thinking. This does also not need to entail total disregard for one's own wellbeing, but it is, nevertheless, good to recognize in what kind of situations is one's own wellbeing truly relevant.

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